

**PRESIDENT'S COMMISSION ON RACE AND ETHNICITY  
PROFESSIONAL DEVELOPMENT FUND**

**Application Form**

*(Please print legibly)*

Name: \_\_\_\_\_ Position/Title/Rank: \_\_\_\_\_

Department: \_\_\_\_\_ Campus Address \_\_\_\_\_ Phone Ext: \_\_\_\_\_

Gender:  Female  Male Ethnicity: \_\_\_\_\_ School/Division: \_\_\_\_\_

Are you an US Citizen/permanent resident/green card holder?  Yes  No

Are you staff/administrator?  Yes  No

Are you faculty?  Yes  No

If yes, are you a

(1) Tenure-track faculty?  Non-tenured track faculty?

(2) Professional Staff?

(3) Administrator

How long have been employed by Emory University? \_\_\_\_\_

---

Description of conference, training seminar, or meeting you wish to attend (Please spell out acronyms/abbreviations):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Destination: \_\_\_\_\_ Conference/Training/Mtg Date(s): \_\_\_\_\_

What is your role in the conference/training?

Presenting a paper (in recipient's area of responsibility/expertise).

Serving as a panelist or moderator of a panel.

Serving as one of four major officers of the association/organization.

Participating in a professional development training/seminar.

Title of paper, panel or office held in association/organization \_\_\_\_\_

Note: Attach information that describes the conference/training seminar/meeting.

Professional Staff only:

Before submitting application, please obtain supervisor/department head's approval.

How will attending this conference/training seminar/meeting assist you in your current position when you return?

\_\_\_\_\_  
\_\_\_\_\_

List other types of conference/training seminars you have attended in the past and the dates:

\_\_\_\_\_  
\_\_\_\_\_

---

Have you previously received funds from the Professional Development Fund?  Yes  No

If yes, when? \_\_\_\_\_

Are there other sources of travel funds or staff development funds you can request for assistance?  Yes  No

If yes, from what source? \_\_\_\_\_

If yes, have you applied for them?  Yes  No

If yes, how much have you applied for? \_\_\_\_\_

Do you have available funds for this conference/training seminar/meeting? Yes [ ] No [ ]

If yes, how much? \_\_\_\_\_

Estimated cost of conference/training seminar/meeting? \_\_\_\_\_

How much do you expect to receive from this fund? \_\_\_\_\_

**I agree to provide an expense report with original receipts within 10 business days after the conference. If the expense report is not received within 10 business days, reimbursement will not be honored.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

For Staff Applicants Only:

\_\_\_\_\_  
Supervisor/Department Head's Signature

\_\_\_\_\_  
Date

---

FOR PCORE/EOP USE ONLY:

**Application rec'd** \_\_\_\_\_ **Receipt notification sent** \_\_\_\_\_ **Verification of Position Title/Rank/Status** \_\_\_\_\_

**Award Amount Granted** \_\_\_\_\_ **Applicant notified** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*PCORE*

*Revised 10/05*