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**Application for Professional Development Grant**

This award supports Rho Chapter members who are engaged in professional nursing practice to attend conferences related to their professional practice by assisting with conference registration fees. Grants may also be requested for expenses related to professional certification such as preparation materials or application fees. Awards up to $250 may be available.

**Name**

**Address**

**Email**

**Phone (mobile) Phone (work)**

**Employer and job title**

**Give a brief description: How will this activity advance your professional work?**

**Amount requested**

**For Conference Fees:**

**Name of Conference**

**Conference Sponsor**

**Date and location**

*Please attach a copy of your paid registration showing amount to this application.*

**For Certification Fees:**

**Name of certification**

**Name of certifying organization**

**Date of intended application**

*Please attach a copy of your paid certification expenses or fees showing amount to this application*

**FUNDING AGREEMENT:**

*Please initial statements #1 and #2 below and add signature and date.*

1. \_\_\_\_ The information included in this application is correct to the best of my knowledge

2.\_\_\_\_ If I am approved for an award, I understand that I must submit a proof of conference attendance OR certification application to the Rho Treasurer to receive reimbursement. The Treasurer will reimburse expenses after required verification is received.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Send completed application to Rho Chapter Administrative Assistant, Mary DeBardeleben***

*BY MAIL:* Mary DeBardeleben

University of Michigan Health System

Professional Development & Education

300 N. Ingalls – Suite 6B12

Ann Arbor, MI 48109-5436

*BY EMAIL:* [marydp@med.umich.edu](mailto:marydp@med.umich.edu)

**For Internal Use**

Date Application Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date verification received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Review by Rho Board \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of reimbursement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_