

Student Professional Development Grant Application Form

Any SAMU member may apply for this grant. Complete this form and submit to the SAMU Office (CCC: SA-301) or via email to Alan Honey, Governance Advisor, at honeya@macewan.ca. The grant maximum for individual applicants is \$300 and a maximum of 5 individuals per professional development event. Each SAMU member applying for a grant must complete and submit their own application form. An e-mail notification regarding the status of your request will be sent within 30 days after the date of submission.

Contact Inform	ion:	
Name:	Student ID:	
Program of Study:		
E-mail:	Phone number:	
transportation costs to this form upon su	of costs (e.g. receipts, invoices, print outs of the Conference website, and room rates as provided by hotels are acceptable). Attach these document nission. Please have a SAMU staff initial here as confirmation that you have ts (Staff Initial)	ts
Application Red	irements:	
Amount Requested: _		
Provide a brief descripexperience or that of	on of the conference being attended, and how it will enhance your education will enhance your education will enhance your education	ıal
	Continued on next page	
For Office Use Only:		
Date Received:	Time Received:	
Date sent to Grant Alloc	on Sub Committee:	
Decision of the Committ		



Please note: if approved for a grant, you will be the professional development event.	e required to provide a 250 word (1 page) review of
Endorsements (Please provide names and contacthis grant application).	ct information of two references who are supporting
Name:	Name:
Email:	Email:
Phone no.:	Phone no.:
Position:	Position:
Applicant's Signature:	Date Signed: