

Application for USW 4120 Unit A Postdoctoral Professional Development Funds

Date:

Name of Applicant:

Salary (optional): \$

*Please note that fund priority will be given to applicants at the lower end of the salary scale

Start date with the University of Guelph:

End date of current contract with the University of Guelph:

1. Are you a member of any of the following equity-seeking communities?

Please check all that apply:

Women

Indigenous peoples

Visible minority

LGBTQA2S+

Person with a disability

1st generation scholar

Other (please describe):

2. Amount Requested (to a maximum of \$500):

3. What is the intended use of the funds? Please check all that apply:

Conference registration and/or travel

Training registration fees (seminars, workshops, etc.)

Course or classes that require tuition and are relevant to the Member's research, or postdoctoral training (i.e., grant writing, teaching etc.)

Fees associated with access to scholarly materials (books, journals, resources) that are necessary to the Member's scholarly work

Other (please briefly describe):

4. Date(s) and location of activity (if applicable):

5. Please describe the activity or materials for which you are requesting funds, clearly indicating how this will further your professional development as a postdoctoral scholar:

*please indicate how the received funds will be budgeted (ex: \$ for conference registration and \$ for travel to and from conference)

6. Have you previously applied to the Professional Development Fund? If yes, did you receive funding?

Yes I applied, and I received funding

Yes I applied, but I did not receive funding

No

7. Please check the following:

I understand that the distribution of funds and selection of successful applicants is based on a variety of factors including, but not limited to, the funds remaining in the account, and the number of applicants in an application round

I understand that, even if my application is successful, I may not receive the full amount of the funds I have requested

I understand that awarded funds may be solely used for the purpose of professional development activities or materials

I have asked my supervisor(s) for funding support for the proposed activity or materials and they have declined, or cannot provide full support

Name and department of supervisor(s):

Amount of supervisory support (if any) for the proposed activity or materials:

\$

Signature of supervisor(s):

I certify that the above information is true to the best of my knowledge.

Signature of applicant

Date