2022 UMEA Professional Development Scholarship Application

	Title
Office Address	Region:
E-mail	Phone Number
There is a 5 year, \$1,000 limit. One scho	olarship per applicant each year. Applicant must be a UMEA member
for 2 consecutive years immediately pri	ior to application and a member for 5 consecutive years for additional
funds beyond the first \$1000 awarded.	Examples of proposed activities include but are not limited to
conference expenses, certifications, pro	parammina equipment, or technoloay.
	Professional Development Funds? No Yes (details below
Please list each professional develop	ment activity Date Amount Awarded
	Amount of UMEA Funds Requested
Number of days away from assigned	position Dates: From To
Have you sought other sources of fur	nding? Yes No
If yes, were they approved? Yes	No
	Applicant:
Please submit completed	/ ppicarie:
Please submit completed	I, (type name)
	I, (type name)
application to your Regional Director or other supervisor for	I, (type name)
application to your Regional Director or other supervisor for approval and e-mail a copy to	I, (type name)
application to your Regional Director or other supervisor for approval and e-mail a copy to Elizabeth Picking,	I, (type name) believe the following application to be accurate.
application to your Regional Director or other supervisor for approval and e-mail a copy to Elizabeth Picking, macconnelle@missouri.edu by	I, (type name) believe the following application to be accurate. Regional Director/supervisor: (type name) I have reviewed this proposal and believe the activity is
application to your Regional Director or other supervisor for approval and e-mail a copy to Elizabeth Picking, macconnelle@missouri.edu by the Applicant Deadline: May 1	I,(type name) believe the following application to be accurate. Regional Director/supervisor: (type name) I have reviewed this proposal and believe the activity is appropriate and recommend this proposal to the committee. I
application to your Regional Director or other supervisor for approval and e-mail a copy to Elizabeth Picking, macconnelle@missouri.edu by the Applicant Deadline: May 1 and August 1	I, (type name) believe the following application to be accurate. Regional Director/supervisor: (type name) I have reviewed this proposal and believe the activity is
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Number of Years Employed by University_____

Years a Member of UMEA_____

Proposed Activity

This portion of the application will be blind reviewed. Please refrain from using the applicant's name and region.

1. Please describe the proposed activity. Additional materials may be attached to further explain the activity. Do you still plan to attend if your UMEA request is not fully funded?

2. How will you benefit from this experience? How will your clients benefit? The proposed activity must have a relationship to the applicant's professional development.

3. How will University Extension benefit from this activity?

4. What methods will be used to evaluate the activity? Describe the expected impact.

Budget Estimate

1. Anticipated Expenses		
a. Transportation		
b. Lodging and Meals		
c. Registration Fees		
d. Other (please specify)		
Total Expenses		
2. Anticipated Resources		
Please list other fellowships, awards,	stipends and individual contributions.	
Source	Amount	
Total Res	sources	

Must match total expenses.