

2020 UMEA Professional Development Scholarship Application

Please read guidelines before applying.

Name _____ Title _____

Office Address _____ Region: _____

E-mail _____ Phone Number _____

There is a 5 year, \$1,000 limit. One scholarship per applicant each year. Applicant must be a UMEA member for 2 consecutive years immediately prior to application and a member for 5 consecutive years for additional funds beyond the first \$1000 awarded.

Have you previously received UMEA Professional Development Funds? No ___ Yes ___

Please list: Conference Attended	Date of Conference	Amount Awarded
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Proposed Activity _____

Location _____ Amount of UMEA Funds Requested _____

Number of days away from assigned position ___ Dates: From _____ To _____

Have you sought other sources of funding? Yes ___ No ___

If yes, were they approved? Yes ___ No ___

Please submit completed application to your Regional Director for approval and e-mail a copy to Melissa Cotton cottonmr@missouri.edu by the **Applicant Deadline: April 1, 2020 and August 1, 2020**

Regional directors: Please email your approval to Melissa Cotton by **April 13 and August 13, 2020**

Applicant:
I, _____ (type name)
believe the following application to be accurate.

Regional director:

(type name)
I have reviewed this proposal and believe the activity is appropriate and recommend this proposal to the committee. I approve the described time away from the assigned job.

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?

Code # _____

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 Resources _____	

Must match total expenses.

Code _____