



**Application for
SPA TRAINING SCHOLARSHIP**
**Southern Plains Area
Advisory Council for Office Professionals**

Applicant Name: _____ Title: _____

Research Unit: _____ Location: _____

Title of Training:

INFORMATION REGARDING THE PROPOSAL

1. Please provide a brief description/purpose of the course, class, workshop, etc., including the location and dates. If a brochure or similar preprinted information is available from the program provider, please attach. In addition to any preprinted materials which may be available, attach any additional information you feel would be useful in describing the training.

Description/Purpose:

Location _____ Date(s) _____ Registration Deadline: _____

2. Explain how your participation in this training will professionally/personally enhance your career development and benefit others.

3. Please provide an itemized budget, i.e., cost of course/workshop, airfare, lodging, meals, mileage, parking, miscellaneous expenses, etc.

Total amount requested: \$ _____

Total amount of MU funds to be contributed: \$ _____

Accounting Code: _____ CRIS #: _____

Applicant Signature/Date

Supervisor Signature/Date

Research Leader Signature/Date

Laboratory/Center Director Signature/Date