

PLEASE TYPE OR PRINT LEGIBLY. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

Dr. / Mr. / Ms. Name _____

Position Title _____

Department/Office _____

OSU Address _____

_____ Email address _____

OSU Telephone _____ Years of OSU service _____

Current Appointment: Full Time Part Time (___ %) Classified Civil Service Staff
(must be at least 50%) Unclassified Professional Staff
 Senior Administrative and Professional Staff

How did you learn about the SCDG program? _____

Have you previously received a SCDG? Yes No If Yes, when? Year _____

Grant amount requested \$ _____

Is the cost of this activity being shared by your department? Yes If so, dollar amount \$ _____

1. Please identify when, where, why, and how you intend to use this grant in 2009 (itemize expenses):

2. Describe the benefits to you, your department, and/or the University:

Applicant's Signature _____ Date _____

Submit **four (4) hard copies** of the completed application to **Staff Career Development Grants Program** to the Office of Human Resources, Suite 300, 1590 North High Street, Columbus, OH 43201-2190.
Or, submit via email as attachment (no more than 5 pages total) to: bondurant.11@osu.edu by **5:00 p.m., October 27, 2008.**