

**Nichols College Professional Development Fund Application Form**

Date \_\_\_\_\_

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Position at Nichols \_\_\_\_\_

Name of Activity \_\_\_\_\_

Date and Location of Activity \_\_\_\_\_

Briefly describe the activity and the impact that it will have on you, your department, Nichols College students, Nichols College strategic plan or mission and/or Nichols College.

---

---

---

---

Enter the dollar amount you are requesting from the Nichols College Faculty and Staff Development Fund. (Note if you are receiving other funds for this activity).

---

Describe your plans for sharing or utilizing the information learned.

---

---

---

---

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Supervisor Statement of Support:

---

---

---

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**HR APPROVAL REQUIRED:** \_\_\_\_\_