

# SEEDS Application

updated aug. 2021

Applicant Name:				
Title:				
Department:				
Extension/Email:				
Hire Date:				
	Full Time:		Part Time:	

**Have you received a SEEDS award this Fiscal Year? If yes, how much?**

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**Title of Conference/Seminar/Workshop/Training:**

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Date of Event:	
Event Location:	
Event Sponsor:	

**Please describe your interest and purpose for attending this event. Explain the benefit expected to enhance you professionally or personally:**

**Program Costs (list all that apply):**

Registration: \_\_\_\_\_

Travel: \_\_\_\_\_

Lodging: \_\_\_\_\_

Other: \_\_\_\_\_

Explanation:

<b>Total:</b>	
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<b>Amount Requested:</b>		(\$200 limit)
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***Please attach all documentation supporting the request for this amount. If requesting close to end of fiscal year, please submit in the fiscal year when the event is held.***

If awarded, please provide a Speedtype for reimbursement: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_