

**Request for SGIS Professional Development Support**

Name of Institution: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

Date Requested for: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Date of last SGIS Development Support: \_\_\_\_\_ Amount: \_\_\_\_\_

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Description of program institution requesting funding for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Please attach additional pages if necessary)*

Location of program: \_\_\_\_\_

Total cost of program: \_\_\_\_\_

Explanation of Benefits to SGIS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Initiator: \_\_\_\_\_ Date: \_\_\_\_\_

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To be completed by Professional Development Committee/SGIS:

Approved  Amount: \_\_\_\_\_ Not Approved

Signature of SGIS Executive Committee Chair: \_\_\_\_\_

Signature of Treasurer: \_\_\_\_\_

Signature of Secretary: \_\_\_\_\_

Date of Review: \_\_\_\_\_