

SUNY ORANGE CONFERENCE FUNDING REQUEST

Date: _____

To be filled out by Applicant	<p>(Please Type/Print) Applicant's Name : _____ Ext. #: _____</p> <p>Dept/Area _____ Are you Faculty, Staff, Civil Service or Grant Funded?</p> <p>Are you full time? _____ Part time? _____</p> <p>If grant funded, when did you start working at the College in that capacity? _____</p> <p>Conference Title: _____</p> <p>Place? _____ Date: _____</p> <p>Description of Conference: _____</p> <p>How will your presentation/attendance benefit the college and you professionally? _____ _____</p> <p>Applicant's signature: _____</p>
To be filled out By Dept. Chair	<p>Approval by Department Chair/Area Approval: _____</p> <p>Amount of funding provided by Department or Area: _____</p>
	<p>IF FULLY FUNDED BY DEPARTMENT, AVP/VP SIGNATURES ARE NOT NECESSARY. SKIP TO INSTRUCTIONS.</p>
To be filled out by AVP or VP	<p>Amount of funding granted by AVP or VP: _____.</p> <p>Explanation: _____</p> <p>AVP or VP Signature: _____</p>

INSTRUCTIONS:

1. Fill out form make sure to get all required signatures..
2. Send copies to each person who signed this form including yourself.
3. Send an additional copy to MaryAnn VanBenschoten, Chair of FSDC.