**Career Services Professional Development Stipend**

**Spring 2020 Cycle Application**

(save MS Word file as “Firstname Lastname CS App”)

Please review your completed application carefully prior to submission. We will not accept corrections, additions, revisions, etc. after your application has been submitted.

Your application could be dismissed if there are any errors, omissions, mistakes, insufficient documentation, etc. Please carefully read through eligibility, deadlines, and the application in its entirety.

We will only accept one application per student per academic year.

**Instructions**: Enter your information below each question in the following document. Save MS Word file as “Firstname Lastname CS App” and send the completed file to coloradosph.careers@cuanschutz.edu by the application deadline for the desired funding cycle.

**Section A: Applicant Information**

**Applicant First & Last Name:**

**Student ID number:**

**CU Anschutz Email:**

**U.S. Phone Number:**

**Home Address:**

**Primary Campus Location:**

**Program (MPH, MS, PhD, DrPH):**

**Concentration:**

**Are you an International Student?**

**Are you employed as a Student, Staff, or Faculty by University of Colorado?**

**Section B: Event Information**

**Event Name:**

**Event Website:**

**Event Dates (MM/DD/YYYY-MM/DD/YYYY):**

**Event Location (City, State, Country):**

**If you are presenting at this event, please fill in Section C (if you are not presenting skip to Section D)**

**Section C: Presenter Information (if applicable)**

**Presentation Title:**

**Lead Presenter:**

**Additional Contributors:**

**Faculty Advisor:**

**Presentation Format:**

**Presentation Day, Date, Time, Conference Building, and Room:**

**Presentation Announcement/Description:**

**Submitted Abstract:**

Copy and paste the text of your submitted presentation abstract here

**Copy of Presentation Acceptance Letter/ Email:**

Copy and paste a photo, screenshot, or scan of your presentation acceptance letter. The photo or document must be large enough to read clearly. The letter must include your name and/or easily allow the reviewers to determine that your presentation has been accepted. You may include additional photos, screenshots, or scans to provide additional documentation.

**Section D: Copy of your Current Course Schedule**

Copy and paste a photo, screenshot, or scan of your current course schedule. Your name and semester must be visible.

**Section E: Event Budget Form**

|  |  |  |
| --- | --- | --- |
| **Budget Item** | **Description of Cost (be specific)** | **Amount** |
| **Registration Fees** |  | **$0.00** |
| **Airfare** |  | **$0.00** |
| **Lodging/Accommodations** |  | **$0.00** |
| **Total amount Requested** |  | **$0.00** |

**Section F: Applicant Agreement**

I understand that the Colorado School of Public Health (ColoradoSPH) Career Services Professional Development application process is highly competitive, and that the application review process includes screening applications by looking for incomplete or incorrect information entries, omissions, incorrect formatting, numerical errors, and/or insufficient documentation. I understand that depending on the competitiveness of the current cycle, any incomplete or incorrect information, omissions, incorrect formatting, numerical errors, and/or insufficient documentation may result in my application being dismissed.

I understand that it is my responsibility to monitor my CU Anschutz email address and respond within two business days to any and all communications from the ColoradoSPH Career Services office during the application review and award process.

I understand that there is no guarantee of being awarded any funds by ColoradoSPH Career Services and that if a stipend is awarded, all funds will be distributed on a reimbursement basis. Any portion of unused funds will be re-appropriated by Career Services following the stipend reimbursement deadline for a given cycle.

I understand that I will only be reimbursed for expenses that I have an original receipt or invoice for, up to the amount awarded by ColoradoSPH Career Services, during the time period designated by the stipend cycle.

I understand that if I receive a ColoradoSPH Career Services Professional Development stipend, the award amount may be lower than the amount requested, based on the discretion of the review committee. I understand that awards may vary between programs, students, and/or between students of the same program. Furthermore, I understand that I am not entitled to receive the same award amount as any other student.

I understand that if I receive a ColoradoSPH Career Services Professional Development stipend award, the award must be used for the purposed stated in the application, by the applicant, during the time specified in the application. I understand that the failure to use the funds, according to the information provided in the application, will result in revocation of funds. I understand that the award may not be transferred, sold, or deferred for any reason.

By submitting this application, I agree that any and all information provided is accurate to the best of my knowledge and may be shared with the review committee.

I understand that any and all information provided in this application may be used by ColoradoSPH Career Services and Office of Admissions and Student Affairs in yearly reporting.

I understand that the ColoradoSPH Career Services office may, at its discretion, select me to present my event presentation or write an event attendance overview for a live audience, online publishing, and/or for video/audio recording. I agree to participate in this process, should I be selected, to the best of my ability, regardless of my award outcome.

I will refrain from having any parties, other than myself, contact ColoradoSPH Career Services office with any questions, concerns, disputes, and/or suggestions.

I understand that ColoradoSPH Career Services stipend application process is guided by the ColoradoSPH Student Academic Honor and Conduct Code (available here: <http://www.ucdenver.edu/academics/colleges/PublicHealth/resourcesfor/currentstudents/academics/Documents/PoliciesHandbooks/CSPH_Honor_Code.pdf>) and I must adhere to the principles of academic integrity and honesty throughout the application, event attendance, event presentation (if applicable), reimbursement, and/or appeal process. I understand that ColoradoSPH Career Services reserves the right to revoke any stipend award(s), require repayment of any portion of the funds, to notify my faculty advisor, and/or to pursue appropriate disciplinary actions through ColoradoSPH if the terms of this agreement are violated, if any of the information within this application is found to be inaccurate, fraudulent, or plagiarized, or if my actions connected with receipt of this award or event attendance/presentation are in violation of the ColoradoSPH Student Academic Honor and Conduct Code.

By submission of this application, I acknowledge that I have read, and understand, the contents of this application, the ColoradoSPH Career Services Professional Development Fund information webpage, and agree to follow the guidelines outlined in this document.

I attest that the information provided in this application represents the highest quality of work I am capable of as a ColoradoSPH student.

Enter your electronic signature (first and last name) below. Failure to enter your electronic signature or incorrect/incomplete entry will result in automatic dismissal of this scholarship application. Deletion or alteration of any of the terms of this applicant agreement will automatically void this application.

Electronic Signature (double-click the signature line)

