

Research Administration Professionals Group

Training and Development Assistance Application

Office of Research and Sponsored Projects

NAME _____

DEPARTMENT _____

EMAIL _____

PHONE _____

DESCRIPTION OF NEED/REQUEST (ATTACH DOCUMENTATION IF APPROPRIATE)

If there is a deadline for payment or registration, please indicate the date here _____

REQUESTED AMOUNT \$ _____

DEPARTMENT/SCHOOL/COLLEGE COMMITMENT \$ _____

If this application for financial assistance from the Research Administration Professionals (RAPS) Training and Development Assistance Fund is approved, the applicant agrees to submit a one-page report to the group and to share what s/he has learned at a future RAPS meeting.

APPLICANT SIGNATURE _____ DATE _____

PRINTED NAME AND TITLE _____

If this application for financial assistance from the Research Administration Professionals (RAPS) Training and Development Assistance Fund is approved, the department/school/college will provide the funding shown above.

DEPARTMENT/SCHOOL/COLLEGE SIGNATURE _____ DATE _____

PRINTED NAME AND TITLE _____

PLEASE SUBMIT COMPLETED FORM TO BILL HELSLEY, ORSP (5-3417 helsleyw@pdx.edu)

APPROVED _____ DENIED _____ DATE _____

You will be notified of approval or denial within 5 business days of request. Due to limited funding available, you may be contacted and asked to revise the requested amount.