MELA Award Application



Name:	Date:
Department/Division:	
E-Mail:	

Section 1 - Activity (select 1)

	Research Activity (Describe Below):

Attending Conference/Workshop			
Conference/Workshop Name:		orkshop Name:	
	Virtual	In-Person	
Dat	e	Location	

Conference Workshop Presenter			
Pres	entation 1	litle:	
	Virtual	In-Person	
Date	9	Location	

Section 2 - Goals and Objectives

What are your professional development goals?

Section 3 – Other awards and compensation (if applicable)

Have you applied for and received a MELA award for this or another activity?	
Date:	Amount of Award:

Will you be receiving additional funding or compensation for this activity? If yes, please describe

Section 4 – Budget Itemization

Expense Type	Description/Specifics	Actual Cost or Amount Requested	MELA Use Only
Registration Fees			
Travel - Include transport, Lodging, meals, etc.			
Supplies			
Misc - describe			
	Total Amount Requested:		

Section 5 – Outcomes

How do you plan to share the knowledge gained from this activity with the MELA community? (check all that apply)	
Publication	Written Report
Give a presentation at MELA Ed Day	Instructional Video (MELA Moment)
Host a workshop at MELA Ed Day	Other

Section 6 – Approvals

Has your supervisor approved of your participation in this activity?		
Yes	No	

Applicant Signature:	
Date:	

Please send the following to <u>mela@som.umaryland.edu</u>

Completed Application

CV

Additional Support Documents (i.e., conference agenda, etc.)

Letters of Support (i.e., effort/time off, etc.)