



**Big Horn Mountain Chapter**  
**Professional Development Assistance Application**

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_

Active SHRM member       Inactive SHRM member       Non member

Title of Activity: \_\_\_\_\_

**Type of Assistance Requested**

<input type="checkbox"/> Membership	<input type="checkbox"/> Seminar	<input type="checkbox"/> Conference	<input type="checkbox"/> Certification
<input type="checkbox"/> SHRM	<input type="checkbox"/> One Day	<input type="checkbox"/> State Conference	<input type="checkbox"/> PHR
	<input type="checkbox"/> Two Day	<input type="checkbox"/> Regional Conference	<input type="checkbox"/> SPHR
	<input type="checkbox"/> Other	<input type="checkbox"/> National Conference	<input type="checkbox"/> GPHR
		<input type="checkbox"/> Other	

Location of Activity: \_\_\_\_\_

Brief description of Activity: \_\_\_\_\_

\_\_\_\_\_

This activity will contribute to my professional development because: \_\_\_\_\_

\_\_\_\_\_

**AMOUNT REQUESTED** \_\_\_\_\_

**AMOUNT AWARDED** \_\_\_\_\_  
(maximum award per year \$250)

Other Funding Source:  Yes  No

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit your completed application via email to Big Horn Chapter Secretary: [jmcarthur@sheridan.edu](mailto:jmcarthur@sheridan.edu)**

**Attach copy of registration form and/or agenda and related information**

**FOR COMMITTEE USE ONLY**

Request Approved:  Yes  No

Chapter President Signature: \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_