Rollins Student Government Association Pre-Professional Support Funding Application

| Name: | Email: | Phone Number: |
|---|------------------|--------------------------|
| Emory ID: | | Department: |
| Brief description of Professional Sup Date(s) and location of Professional | ="- | |
| Relevant Professional Fee(s): Any anticipated travel/lodging costs Other anticipated costs (please expl | | |
| 1. Why do you want RSGA to provide you with this professional funding? How does it relate to your academic and professional goals? (250 words) | | |
| 2. How does this professional expen | se relate to pub | olic health? (150 words) |
| Initial here to acknowledge that you have read the Conference Support Instructions: Initial here to acknowledge that you are not receiving funding from any other source: | | |
| Please be sure to save this document with the filename "[Last Name] Professional Support Application." | | |
| For Rollins SGA Use Only Date Received, Rollins SGA Secretary Signature/Date: Rollins SGA Presider Amount Approved: | • | |