



Stony Brook Program in Public Health

Professional Development Fund for Students Application

The Program in Public Health Professional Development Fund for Students is awarded for a variety of professional development projects or activities to assist PPH students to develop their full professional potential or to prepare for advancement. Students are allotted up to \$500 during the fiscal year (**July 1, 2023 – June 30, 2024**). **Funding is distributed on a first-come, first-serve basis and is not guaranteed.**

Required Documentation Checklist

Applications lacking the required documentation listed here will be rejected or will be low priority.

- Application Form:** pages 2-4
 - Description of event and itemized budget table, etc.
- Receipts:**
 - All original, itemized receipts for all eligible expenses. Any non-itemized receipts will not be processed. Alcohol will not be reimbursed.
- Bank Statements:**
 - Corresponding bank statements for proof of purchase of all listed expenses. Can be redacted, but need to show: name, account number (last 4 digits of credit card), and highlighted purchase dates and amounts.
- W8/W9 Tax Form**
 - **For domestic students:** W-9: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
 - Fill out lines 1, 3, 5-6, SS # or employer ID. Sign and date.
 - **For international students:** W-8BEN: <https://www.irs.gov/pub/irs-pdf/fw8ben.pdf>
 - Fill out lines 1-4, 5 OR 6, and 8. Sign and date.
- Event Brochure/Announcement:**
 - For the event/conference/activity or other relevant documentation describing the project or activity and related costs.
- Proof of Attendance/Participation**
- Curriculum Vitae or Resume**

The Professional Development Fund for students has a variety of uses, but must be approved by the PPH Assistant Director for Administration and Finance before being processed. For any questions, please contact publichealth@stonybrookmedicine.edu.

Allowable expenses include:

- Registration fees for conference, workshop, or seminar attendance.
- Travel and related expenses (transportation, lodging, meals, etc., subject to New York State Comptroller)

Funds may not be used for:

- Alcohol or gift card expenses.
- Salaries, stipends, or income to compensate the applicant or any other person.
- Expenses related to a course, internship or a project or activity that are part of an applicant's degree program.
- Purchasing equipment, software, consumable, or non-consumable supplies.



Professional Development Fund Application

1. Applicant Contact Information:

Applicant Name: _____ Student ID #: _____

Degree Program: _____

Applicant's Mailing Address: _____

Email Address: _____

Phone Number: _____

2. Event Information:

Title of Event/Activity: _____

Category of Event/Activity: _____

Role in Event/Activity (attendee, participant, student, etc.): _____

Date of Event: _____ Event Location: _____

Please describe the stated purpose for the proposed project or activity and its job relatedness in 250 words or fewer (e.g., how the project or activity will enhance the applicant's professional development):



**Stony Brook
Program in Public Health**

3. Reimbursement Information

Amount Requested from the PPH (not to exceed \$500): _____

Have you received any funding this fiscal year? (If yes please list amount): _____

Have you received funding from additional sources for participation in this event?

Yes (Please specify source/s and amount/s received: _____)

No

Please read and initial:

____I hereby certify that I have not received any net monetary gain for my participation in this event.

4. Application Signature

By submitting this application, I attest under penalty of perjury that the information given is truthful to the best of my knowledge. Any fraudulent attempts to secure funding over and above the total cost of a program will result in permanent ineligibility for additional Professional Development funding. The PPH will report any fraudulent applications to any other funding organizations involved in your program, and will cooperate with any administrative and/or criminal proceedings undertaken by those organizations.

Applicant’s Signature:_____Date: _____

**Program in Public Health
101 Nicolls Road
Health Sciences Center
Level 3, Room 071
Stony Brook, NY 11794-8338
(631) 444-9396
publichealth@stonybrookmedicine.edu
<https://publichealth.stonybrookmedicine.edu/>**

Updated June 13, 2023



Stony Brook
Program in Public Health

Application Itemized Expenses Table	Amount
Meals	
	<i>Total Meals:</i>
Lodging	
	<i>Total Lodging:</i>
Travel	
	<i>Total Travel:</i>
Registration	
	<i>Total Registration:</i>
Other	
	<i>Total Other:</i>
	<i>Grand Total:</i>