



# SOUTH DAKOTA ASSOCIATION OF COLLEGE CAREER CENTERS

## Legacy Professional Development Grant Application

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

School/Organization: \_\_\_\_\_

**Amount Requested:** \$300 to \$500. (Review Committee reserves the right to adjust the amount of the grant awarded. \_\_\_\_\_)

**Provide an explanation of when and how the grant will be used.**

**Describe your involvement in SDACCC.**

**Provide a statement of need.**

**Signature of Applicant:** \_\_\_\_\_

*(Your signature verifies that you understand the Expectations of Grant Recipients set by the SDACCC as outlined in the Application Guidelines.)*

Applicants must be a current member of SDACCC. (Associate members are not eligible.) Individuals applying for a grant must have been active in the organization for a minimum of two years. Each individual member may apply for a grant every third fiscal year (July 1 - June 30).

Forward this application to the SDACCC President on or before the primary deadline of September 1<sup>st</sup> of the current year for consideration. (A secondary deadline may exist on January 15<sup>th</sup> of the following year. Contact the SDACCC President for details.)