

The "Choose Your Own Adventure" grant is available to advising, career services, and learning support professionals who are looking to invest in a professional development and/or training opportunity to increase or improve their knowledge and/or effectiveness in their current role.

Grant funding up to \$2,500.

How the "Choose Your Own Adventure" grant could be used:

- Plan a site visit to another campus to learn more about their programs
- Bring a local speaker or facilitator to your office
- Attend a conference (for non-first timers)
- Invest in a Continuing Studies course
- And many more...

Questions? Contact info.oacs@wisc.edu.

YOUR CONTACT INFORMATION

First Name

Last Name

Job Title

Department

Email

SUPERVISOR CONTACT INFORMATION

Supervisor Name

Supervisor Email

Please upload a signed Supervisor Support Form.

If you have not already done so, please download the [Supervisor Support Form](#), fill out the PDF, and submit to your supervisor for approval and sign-off.

Please save the form as "YourLastName_SupervisorSupportForm" and upload below.

FINANCIAL INFORMATION

In this section, please provide the contact information for a financial point of contact in your department or unit, plus a funding string for award money to be transferred to, which your financial contact can provide.

Only 101 or 136 funding strings are able to be used. A full funding string is required with application: XXX(FUND) - XXXXXX (UDDS/Dept Id) - X (program). Project codes can be added to the string after the program.

Full funding string example: 101-101010-6.

Questions? Please contact info.oacs@wisc.edu.

Financial Contact Name

Financial Contact Email

Funding String

How many years have you worked on campus?

0 5 10 15 20 25 30 35 40

Please describe in detail the professional development opportunity you are requesting funding for as a part of the "Choose Your Own Adventure" grant.

If the opportunity is time specific, please let us know the date(s) that you would need funding by.

What do you hope to gain from this opportunity? How does it fit into your professional development goals?

Participants who are selected to receive this grant are expected to work with the Office of Academic & Career Success to share their experience and/or knowledge gained from the conference with the advising, career services, and learning support communities.

Please tell us how you will plan to share your experience.

How much will your unit/department be able to contribute?

Please complete the budget estimate below. This grant covers all expenses (up to \$2,500) however, expenses must meet the requirements of the [UW policies & procedures](#) for reimbursement.

Registration Fee/Cost of Opportunity	<input type="text"/>
Air Transportation	<input type="text"/>
Ground Transportation	<input type="text"/>
Lodging	<input type="text"/>
Meals	<input type="text"/>
Other	<input type="text"/>
GRAND TOTAL	<input type="text"/>