



## Career Practitioner Application for Professional Development Scholarship

Scholarships for professional development are made available through the Virginia Talent + Opportunity Partnership (Virginia TOP), administered by the State Council of Higher Education for Virginia (SCHEV). Scholarships are available to full-time or part-time employees at selected Virginia institutions whose job involves connecting students, institutions of higher education and the employer community to expand paid and credit-bearing internships and other work-based learning opportunities. Scholarships may be awarded in the following categories: (1) conference presentation/attendance and/or (2) fees for membership in professional organizations and/or (3) professional development training/workshop for staff. Please see the Call for Applications for full instructions. Updated October 2023.

### Eligibility Questionnaire

Are you employed at a Virginia public institution of higher education or a Virginia private non-profit institution of higher education that participates in the Virginia Tuition Assistance Grant (TAG) Program? Does your job involve connecting students to work-based learning and internships?

**If yes, you are eligible to apply.**

**If no, you do not meet eligibility criteria.** Do not complete the application. Feel free to reach out to Carolyn Sutphin ([carolynsutphin@schev.edu](mailto:carolynsutphin@schev.edu)) with any questions.

1. Please enter your .edu email from a Virginia institution below. \*

2. Provide the name of your Virginia institution of higher education \*

## Applicant Contact Information

3. First Name \*

4. Last Name \*

5. Address Line 1 \*

6. Address Line 2 \*

7. City \*

8. State \*

9. Zip code \*

10. Phone number with area code \*

11. Preferred email address (this may be your .edu address or a different email address) \*

## Applicant Professional Information

12. Department \*

13. Number of years in the profession \*

14. Number of years in your current position \*

## Conference Scholarship

Complete if you are entering for the "Conference Scholarship"

15. Enter the name of organization hosting / sponsoring / offering the conference and the title of the conference.

16. What is the date(s) of the conference?

17. Have you attended this conference in the past three years?

Yes

No

18. Please describe any previous involvement with the organization offering the conference.

19. Have you, or do you plan to, submit a proposal to present at this conference? If you already have submitted a proposal, has it been accepted?

20. **For all applicants**, in 250 words or less, please describe (1) how your role relates to advancing work-based learning in Virginia, such as preparing students for careers, connecting students to internships and supporting students throughout their experience, engaging employers with the goal of connecting them to students and / or through research and scholarship that contributes new knowledge related to work-based learning; and (2) how the conference relates to your role. Use your response to tell the story of your professional journey to advance work-based learning for students. \*

21. **For all applicants**, in 250 words or less, please describe how your attendance at the conference will benefit the students and employers you serve. \*

22. **For all applicants**, in 250 words or less, please describe how your attendance at the conference will benefit your institution, colleagues across the state, Virginia in general, and perhaps the nation. \*

23. Optional for all applicants, please provide any other pertinent information that the selection committee should take into consideration.

24. Please provide a short biography for the V-TOP website (250 words or ~1,500 characters). \*

## Membership Fees

Complete if you are entering for the "Membership Fees Scholarship"

25. Name of the organization you want to join.

26. Have you been a member of this organization in the past three years?

Yes

No

27. Please describe any previous involvement with the organization.

28. Please list other organizations to which you belong.

29. In 250 words or less, please describe how your current role relates to advancing work-based learning in Virginia, how your membership in this organization will contribute to your professional growth, and what you anticipate doing to support the organization.

## Professional Development/Training

Complete if you are entering for the "Professional Development Scholarship"

30. Name of the training or workshop you wish to host.

31. **In 250 words or less**, please describe how your current role relates to advancing work-based learning in Virginia, how you and your team's participation in this training or workshop will contribute to your/their professional growth, and how this will better your organization.

## Attachments and Forms to Submit

**\*\*Stop.** In order to complete the application process, please submit to [carolynsutphin@schev.edu](mailto:carolynsutphin@schev.edu) the following four attachments by the application window/deadline: 1) your resume/vitae; 2) travel estimate/membership dues; 3) the Commonwealth of Virginia W-9 and 4) release form on the SCHEV site. The release form, available on the SCHEV website, enables consent to the use of your fame and photo in V-TOP newsletters, on the website, and in press releases, with the option to consent for SCHEV to connect you with interested members of the press for interviews.\*\* All documents can be found here: <https://virginiatop.org/highered/professional-development-scholarships/>



## Certification

32. I hereby apply to SCHEV for a scholarship. I certify that I meet the Applicant Eligibility requirements. In addition to the Recipient Requirements described in the Call for Applications, I understand that I am bound by the terms and conditions in this certification. I understand that the scholarship pays only for my personal membership fees, conference registration fees, travel, etc., as applicable, and is non-transferable to any other professional development opportunity or to any other person. I confirm that my institution or institute will give me the time off necessary to attend the conference (if applicable) if I am a scholarship recipient. If I receive an award, I will respond to SCHEV within 10 business days of the award announcement confirming that I accept the award and am still able to attend the conference or join the organization. If I discover later that I cannot, I will notify SCHEV immediately and return any funds I have received within 10 days. Finally, I agree that reimbursement of my expenses after travel will be negotiated via email and my acceptance of these terms and conditions now is the equivalent of my electronic signature.

**I agree to the certification language above: \***

Yes

No

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