

# **AABA Professional Development Cobb Grant Proposal**

**Date of Proposal** \_\_\_\_\_

**Applicant Name** \_\_\_\_\_

**Applicant Professional Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant AABA membership number (applicant can be existing member or have recently submitted a membership application):** \_\_\_\_\_

**Applicant Telephone Number** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Applicant's Professional Position/Title** \_\_\_\_\_

**Year of Appointment to this Position** \_\_\_\_\_ **Terminal Degree** \_\_\_\_\_

**Project Title** \_\_\_\_\_

**Does this project require special permissions or ethical approvals?** \_\_\_\_\_

**If so, please explain:**

**Have all permissions and approvals been obtained?** \_\_\_\_\_ **If not, please explain the time line for receipt thereof (the AABA cannot make an award if required permissions/approvals have not been received by grant start date):**

**Anticipated Beginning Date for Project** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_