

Annual UC San Diego Staff Association Scholarship Application

Please type or print clearly.

Name: _____ Extension: _____ Mail Code: _____

Department: _____ Email: _____

Payroll Title (Career employees only): _____

Length of UCSD employment: _____

Vice Chancellor (VC) area you are under: _____

**Scholarships are available to individuals only. Departments or other individuals paying the tuition or fees are not eligible to be reimbursed. Professional development opportunities that receive funding approval from departments and/or UC San Diego are not eligible to receive scholarship funds.

- Must be able to provide confirmation of completion and individual payment by June 3, 2025 to qualify
- Reimbursement is not available to 2nd party, departments, or other individuals.
- Scholarships are awarded based on a number of factors, recipients are required to provide proof of completion and proof of individual payment for all professional development opportunities listed on the application.
- Any awardee unable to meet these qualifications will forfeit their scholarship.

Provide the following information for each course, seminar, or conference you have completed or are interested in completing.

Title: _____

Description (you may attach a copy of official program description):

Date(s) attended: _____

Is an employee discount available for this course? _____ Yes _____ No

Have you requested that your department reimburse you for this course?

_____ Yes If yes, how much was funded? _____

_____ No I did not inquire about funding, provide reason: _____

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Cost of course/seminar/conference (please itemize separately if more than one):

Note: Travel, food, parking and incidental expenses are not eligible for funding consideration.

Tuition	\$	_____
Registration Fee	\$	_____
Books	\$	_____
Materials	\$	_____
Other Expenses	\$	_____ Specify: _____
Subtotal:	\$	_____
Less:		
Dept. reimbursement	\$	_____
Other funding sources	\$	_____ Specify: _____

**Total out of pocket reimbursement requested for all training combined
(not to exceed \$500): \$ _____**

Education/Development goals:

_____ High School Diploma	_____ Certificate Program	_____ Associate's Degree
_____ Professional Development	_____ Bachelor's Degree	_____ Master's Degree
_____ Ph.D.	_____ Other (specify) _____	

If applicable, name of degree program of study: _____

UCSD Staff Association Scholarship Application – Supplemental Questions

How did or will this course/seminar/conference assist you in enhancing your current job skills for advancement opportunities or career change within the university system? Be specific and explain the benefit and relationship to your career goals.

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How would you personally benefit from the Scholarship Funds and help you meet your goals outlined in the Summary of Career Advancement Objectives.

I certify this request is for re-imbusement of employee's out of pocket job related training expenses to be completed prior to June 3, 2025.

Applicant's signature:

Date:

Deadline: March 30, 2025

Attach receipts for all eligible paid expenses and proof of successful completion (i.e., grade report, transcript, and certificate) to this application for any activities already completed. Otherwise, submit these by June 3, 2025, after completion for any eligible reimbursement.

Professional development must be completed between July 1, 2024 through June 3, 2025

Email completed and signed application with documents to SAScholarship@ucsd.edu

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