# Agricultural Graduate Inclusive Excellence Leadership Community

**Student Development Grant Application**

**Check Program:**

\_\_\_\_\_\_\_ Student Development Grant

\_\_\_\_\_\_\_ Amount Requested (max $1,000)

**Student Name: UIN**:

**Department:** **Major:**

# Have you completed (for year 1 cohort) or updated (for year 2 cohort) your Individual Development Plan and submitted it to Dr. Odom? Yes \_\_\_\_\_\_\_No \_\_\_\_\_\_\_\_\_

1. Briefly describe and justify the student development activity and date(s) you plan to attend:

# If your request is to attend a scientific conference, complete below with date(s):

# Society or Conference Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title of Paper/Abstract if one is to be presented**

\_\_\_\_Oral presentation \_\_\_\_\_\_Poster with oral component (judged; set time to be present, etc.)

Faculty Co-Author(s):

Date: Location:

# Submitted / Approved By:

 Date:



Student E-Mail

 Date:



Recommended approval by faculty advisor E-Mail

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Recommended approval by college dean Date

**Please submit form to** **aglsgradinfo@tamu.edu** **and** **jamie.norgaard@ag.tamu.edu**