



South Dakota Association of College Career Centers

Keith A. Thomson Professional Development Grant Application

Date of Application: _____

Name: _____

Title: _____

School/Organization: _____

Amount Requested: \$300 to \$500: (Review Committee reserves the right to adjust the amount of the grant awarded) _____

Provide an explanation of when and how the grant will be used.

Describe your involvement in SDACCC.

Provide a statement of need:

Signature of Applicant: _____
(Your signature verifies that you understand the Expectations of Grant Recipients set by the SDACCC as outlined in the Application Guidelines.)

Forward this application to the SDACCC President on or before the primary deadline of September 1st of the current year for consideration. (A secondary deadline may exist of January 15th of the following year. Contact the SDACCC President for details.)