



# FLO Professional Development Fellowship (PDF) Application Form



**FAMILY MEMBER EMPLOYMENT**

By submitting this application, if selected for funding, I consent to the publication of my name by the Department as a recipient of a FLO Professional Development Fellowship and to quote my comments about my experience in relevant publications.

Initial Here

**Please read carefully and follow the instructions linked below. Applications that are late, incomplete, or contain ineligible expenses will not be considered.**  
[PDF Form Instructions](#)

**SECTION I: PERSONAL DATA**

Last Name	First Name	Title (Optional)
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Email - Personal	Email - Work (Official - Optional)
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**Check one:**

Eligible Family Member Spouse                       Member of Household Partner

**Check all that apply:**

First-time fellowship applicant                       Prior fellowship applicant

Prior fellowship recipient (Select all applicable fellowship period(s)): \_\_\_\_\_

If you were a prior recipient, how did you use your PDF? (maximum 250 characters)

Employee Sponsor Last Name	Employee Sponsor First Name	Employee Sponsor Email - Work (Official)
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Employee Sponsor Agency	Employee Sponsor Agency "Other"
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Employee Sponsor Post(s) of Assignment during PDF Period	Dates of Assignment during PDF Period (MM/YYYY)
	_____ to _____

**Is your spouse assigned to an unaccompanied tour (UT) during the PDF period?**

Yes                      Where will you reside overseas during PDF period? \_\_\_\_\_

**SECTION II: PROPOSAL DESCRIPTION**

**A. Project Type**

Please select one (For more than one select "Other")

**B. Proposal Synopsis**

Include only project activities that take place during the fellowship period (maximum 400 characters)

**C. Background**

Summary of your professional background (maximum 1700 characters)

Current challenges in pursuing career goals (maximum 1700 characters)

**SECTION III: DETAILED DESCRIPTION OF PROPOSED PROJECT**

Include only project activities that take place during the fellowship period. Include links for activities and costs in the chart below your description. (maximum 3000 characters total)

Name of Provider	Link to Project Activity	Link to Cost

**SECTION IV: BUDGET**

Include only **eligible** project expenses for activities that **occur during the fellowship period**.  
Please see instructions for eligible expenses.

**1. Itemized breakdown of allowable reimbursable project expenses:**

<b>Total Reimbursable Project Expenses</b>	

**2. Calculate minimum amount of Applicant Responsibility and Requested Fellowship Amount:**

<b>Total Reimbursable Project Expenses (from #1. above)</b>		A
<b>25% Applicant Responsibility: A x 25%</b>		B
<b>A - B</b>		C
<b>Enter Requested Fellowship Amount*</b>		D
<b>Remaining Additional Self-Funded Costs (if any) C - D</b>		E

\* Maximum reimbursable PDF fellowship amount is \$2,500 and minimum is \$1,000.

**SECTION V: COMPLETION**

Future plans if offered fellowship (maximum 500\_characters):

\*\*Please save your application as LastNameFirstInitial (ie. Jane Doe = DoeJ.pdf) and email to the address listed in the [INSTRUCTIONS](#) .

\*\*Applications are due to FLO no later than the date indicated in the instructions. Applications that are late, incomplete, or contain ineligible expenses will not be considered.