

## Rollins Student Government Association Post-Professional Support Funding Report

Name:

Email:

Phone Number:

Emory ID:

Department:

Brief description of Professional Support Need:

Date(s) and location of Professional Support Need:

**Please report the amount of your expenses below, and attach proof of payment and proof of attendance to this form:**

Relevant Professional Fee(s):

Travel/lodging expenses:

Other costs (please explain):

Summarize your experience. How did this professional experience enrich or advance your education/professional development/career/goals in public health? What did you find most valuable in this experience and why? (250 words)

Please be sure to save this document with the filename "[Last Name] Post-Professional Support Report."

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*For Rollins SGA Use Only*

Date Received, Rollins SGA Secretary:

Signature/Date: Rollins SGA President:

Amount reimbursed: