



Minnesota Credit Union Foundation Professional Development Grant Reimbursement Form

To receive reimbursement for your Professional Development Grant, please submit this form **within one month** of attendance. (An electronic version of this form can be found online by visiting mncun.org/apply-for-a-grant.) Completed forms can be emailed to amolnau@mncun.org or sent in by mail to the address below.

Name: _____

Organization: _____

Phone: _____ Email: _____

Educational Session Title: _____

Session Date(s): _____ Session Location: _____

Amount of Grant: \$ _____

- 1) Please list/describe the topics discussed at the educational event you attended.
- 2) Why was this training beneficial to you in your position at the credit union?
- 3) What ideas/changes/suggestions will you bring back to your credit union as a result of what you learned?

ATTACHMENT: For non-MnCUN events, please provide proof of registration/attendance.

By signing below, I certify that all information contained in this report is accurate and I hereby authorize the Minnesota Credit Union Foundation to use my name, my organization's name, and the information contained in this report in the Foundation's advertising and promotional materials, including but not limited its website and printed materials.

Signature: _____ Date of Report Submission: _____