N	<u>Regents S</u> Employmen	al Aid and Scholarships Service Program t Funding Proposal 124-2025	, 0 <sub>7</sub> / <sub>7</sub> 0 <sub>7</sub> 1		
	This form must be su	ubmitted by March 31st, 2024			
SECTION 1: EMPLOYER INFORMATION					
Department: Contact Name:					
Phone Number:	<u>Email:</u>				
Address:					
Personnel Contact:	sonnel Contact: Phone Number:				
Email:	<u>Fax:</u>				
SECTION 2: POSITION INFORMATION					
Title of Position:					
Number of Undergraduate Positions Requested: <u>Number of Graduate Positions Requested:</u>					
Is the position related to K-12 Literacy Programs? Ye N					
Position's Direct Supervisor Name: Email:					
Direct Supervisor Title:					
Location where work will be performed:					
Indicate the duration of t	he program: Fa 202	24 S g 2024 Acad	le cYea		
SECTION 3: POSITION DESCRIPTION AND REQUIREMENTS					
1. List the four primary tasks and responsibility to be performed, then indicate the percentage of each.					
<u>Task/responsibility#</u>	<u>l:</u>		Percentage:		
Task/responsibility#2	<u>2:</u>		Percentage:		
<u>Task/responsibility #3</u>	<u>3:</u>		Percentage:		
Task/responsibility #4			Percentage:		
Contact Information	A e Sa, b	<u>Ea:</u> aa,b·@·.ed·	<u>Fa :</u> (775) 784-1025		



# O ce of Financial Aid and Scholarships <u>Regents Service Program</u> <u>Employment Funding Proposal</u> <u>2024-2025</u>



## SECTION 3: POSITION DESCRIPTION AND REQUIREMENTS (Continued)

2. Required Skills/Quali cations:

3. Preferred Academic Major:

4. Coursework or degree pre-requisites:

Contact Information	A e Sa, b-	<u>Ea:</u> aa,b·@·.ed·	<u>Fa  :</u> (775) 784-1025
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## O ce of Financial Aid and Scholarships <u>Regents Service Program</u> <u>Employment Funding Proposal</u> <u>2024-2025</u>

0<sub>7</sub>/<sub>7</sub>0<sub>7</sub>

#### **SECTION 4: ASSESSMENT**

In the space provided, list and explain 3-5 species c measures you will use to assess the impact your program has had for the student employee and the population served (Reference numbers 5 and 6 above).

Note: Annual reports must include a summary of assessment results.

### **SECTION 5: BUDGET**

Minimum annual dollar amount needed to implement program:

Maximum annual dollar amount needed to implement program:

А

Speci citems/amounts included in budget:

### **SECTION 6: CERTIFICATION**

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#### Employer's Signature:

Date:

@-

.ed

Submit Proposals To:

Ashley Salisbury

<u>E-Mail:</u> a , b @ .ed <u>Campus Mail:</u> Ma S 0076

<u>Fax:</u> (775) 784-1025