Experiential Learning Scholars Program

Faculty/EXL Instructor Grant Form

Name: ____________________________________________ Date: ________________________
Dept. ___________________________________ E-Mail: ________________________________
Phone ____________________________
EXL Course(s) related to Grant Request:_______________________________________________

Check the type of grant requested:
_____ Supplies for course development
_____ Resources for development/implementation of EXL project
_____ Resources to establish partnerships
_____ Travel toward certification by National Society for Experiential Education (NSEE)
    Experiential Education Academy or attend NSEE Conference
_____ Travel to present paper related to EXL
_____ Travel related to EXL course

NOTE: Documentation for proposed expenses is required as part of the grant application process.

Answer the following questions. Use additional pages if needed.

1. How will you use grant funds? (Provide specific details; e.g. provide dollars needed for each
   type/amount of supply needed)   Please itemize using budget sheet provided.

2. How will completing the proposed project enhance students’ experiential learning? Please specify
   what the students will gain.

3. Other information?
EXL Scholars Program
BUDGET FORM for EXL FACULTY GRANT

<table>
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<tr>
<th>Item</th>
<th>Item Funds Requested (Itemize)</th>
<th>Matching Funds? (Itemize)</th>
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GRAND TOTAL