**APPLICATION FOR LOWER DIVISION ENGLISH FACULTY DEVELOPMENT GRANT**

Requests for funding will be considered throughout the fall and spring semesters, whenever the lower division committee meets. Please apply well in advance of your proposed travel. You must submit a **travel authorization form** prior to travel and a **claim for travel expenses** when you return.

Name(s) of Applicant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GTA \_\_\_ Adjunct\_\_\_\_ FTT\_\_\_\_ Tenure-T\_\_\_ Tenured \_\_\_\_ MTSU start date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROJECT DESCRIPTION & STATEMENT of OBJECTIVES:

If you have any accompanying materials (brochure, website announcement, etc.), please attach.

BENEFITS OF THE PROJECT:

A. TO THE FACULTY MEMBER (Explain how this will develop you as a teacher):

B. TO THE PROGRAM (Explain how you will disseminate your knowledge to others, e.g.

email to listserve, small group workshop, presentation at curriculum meeting):

Have you received funds for faculty development before? Yes/No When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please state how you disseminated your knowledge to others in the program:

PROPOSED BUDGET FOR THE PROJECT:

Please itemize, indicating any expenses you are willing to pay yourself. Also specify any support you have already secured from other sources *for this particular project*. If you are eligible for travel funding through the department and/or graduate studies and have exhausted that funding, indicate amount and project funded.

TOTAL FUNDS REQUESTED:

SIGNATURES OF APPROVAL:

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Recommendation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Funds Authorized: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: