

Faculty Development Grant Application

Name of Applicant _____ Position _____

Signature of Applicant _____ Department _____

Date _____

(Check one) Attending (\$400) Presenting (\$450) Presenting on Campus (Amount to be decided by committee)

Budget Breakdown:

Registration _____ \$ _____

Lodging _____ \$ _____

Travel _____ \$ _____

Meals _____ \$ _____

Misc. _____ \$ _____

Total Budget Amount Requested: \$ _____

Faculty Development Committee Use Only

Date received request _____

Amount APPROVED \$ _____

Proposed Activity: _____
Please do not use Acronyms. Spell out the name of the activity or conference. Attach documentation with conference dates and schedule.

Date _____ Location _____

Description _____

Describe the outcomes anticipated from the proposed activity and how it relates to your professional assignment or discipline:

(The Faculty Development Committee will request that you complete a survey regarding your experience.)

Signatures for Recommended Approval

1. _____, School Dean _____ Date
2. _____, Faculty Development Chair _____ Date
3. _____, Vice-President for Academic Affairs _____ Date
4. _____, Assoc. Vice President of Human Resources _____ Date

Signature of Approval

_____, Chadron State College President _____ Date