

WESTERN CONNECTICUT STATE UNIVERSITY
APPLICATION FOR FACULTY DEVELOPMENT FUNDS
(All applications must be on this form.)

NAME _____ Date _____ 200__

DEPARTMENT _____

This summary information must be filled out on cover sheet. ~~Applications will be returned if form is not filled out properly.~~ **Applications will not be considered if all information outlined below is not complete.**

1. Total amount of funds requested
(maximum \$1,200 for full-time, ~~\$600-750~~ for part-time) \$ _____
2. Date of proposed use of funds: _____
3. Activity/purpose of funding request: _____

Please provide the following information in an attachment.

- A. ~~Clearly d~~Describe the nature of the project and how you anticipate it will improve ~~WCSU you and your~~ professional life; ~~and Western Connecticut State University in your capacity~~ as classroom teacher ~~at WCSU (or that of any others participating in the project) either as classroom teacher~~ (e.g., identify specific courses or methodologies), scholar, or provider of public service and/or information to others. ~~Proposals must. Attach a copy of any~~ include printed material that relates to the project.
- B. ~~Identify the cost of the~~ All project expenses must be indentified, specifying any of the following that apply: fees, travel costs, and other costs on a WCSU Request for Professional Travel Worksheet. ~~Proposals must include supporting documentation for any of the expenses listed on the WCSU Request for Trave Worksheet: fees, travel, lodging, meals and other costs. This~~ The worksheet is available ~~at from Dean's clerical staff or by contacting Kim Spinelli at 837-8505. www.wcsu.edu/travel.~~ Travel Authorization forms should not be submitted and/or substituted for this worksheet.
- C. Clearly state the time schedule for this project and plans for coverage of campus responsibilities.
- D. Have you applied for or received any other funding for this activity? If yes, from which source and for what amount? If no, please state reason for not applying or reason for denial.
- E. Submit nine (9) copies of all materials to the Faculty Development and Recognition Committee, c/o the Provost/Vice President for Academic Affairs.

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Signature of Applicant _____

Signature of Department Chairperson _____

(The signature of the Chairperson is not related to an evaluation of the project; it simply indicates knowledge by the Chairperson that the application has been made.)

~~Revised March 2004,~~
~~Revised Sept. 2006,~~
~~Revised Aug. 2007~~ Revised March 2010

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