|  |
| --- |
| **FACULTY SCHOLARSHIP PROPOSAL Valdosta State University****Funding Category B: Course/Curriculum Development** |
| **Faculty Member** |  | **Date** |  |
| **Title and Department** |  |
| **E-mail address** |  |
| **Description of proposed activity *(Include dates of travel, location, and nature of work to be conducted)*** |  |
| **Outcome of activity *(Provide a detailed rationale as to how these sessions will facilitate the redesign of an existing course/curriculum, or the development of a new course/curriculum)*** |  |
| **Provide an explanation or rationale as to why the information or skills offered are not available in print or through internet discussion groups or other means** |  |
| **Provide the expected number of students who will be benefited from this activity** |  |
| **Budget *(Enumerate costs and describe nature of costs to be incurred)*** | **1. Transportation Cost** |  |
| **2. Automobile Rental** |  |
| **3. Registration Fees** |  |
| **4. Hotel** |  |
| **5. Meals** |  |
| **6. Ground Transportation (taxi, etc.)** |  |
| **7. Other (parking, phone, etc.)** |  |
| **Total Cost =** |  |
| **Other financial support** |  |
| **Amount of grant requested** |  |
|  |
| **Applicant’s Signature *(By signing this application you agree to submit your final report and expense report by their due date)*** |  | **Date** |  |
| **Dept Head Signature** |  | **Date** |  |
| **Dean/Director Signature** |  | **Date** |  |
|  |
| **Submit proposal & final report to** | **Mrs. Carlotta BraswellOffice of Academic Affairs107 West Hall** |
| ***Any publicity of the granted activity should mention funding from the Office of Faculty Scholarship*** |