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| **FACULTY SCHOLARSHIP PROPOSAL  Valdosta State University** **Funding Category A: Instructional Improvement** | | | |
| **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, materials or activities will improve instructional effectiveness. Include specific classroom activities in particular courses and the name and number of the appropriate courses.)*** |  | | |
| **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 *(two FY awards of $1000 each or a one-time FY award of $2000)*** |  | | |
| **Completed Application Check List** | 1. **Includes a completed application containing your signature and signatures from your dept. head and dean.** 2. **Includes a program or list of activities clearly and directly connected to the applicant’s teaching field. Specific sessions to be attended should be clearly indicated.** 3. **Includes the syllabi of the particular courses that are being improved by this activity with particular learning objectives impacted highlighted.** 4. **Completes a final report within 30 days of travel.** | | |
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| **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 Braswell Faculty Scholarship Coordinator 107 West Hall** | | |
| ***Any publicity of the granted activity should mention funding from the Office of Faculty Scholarship*** | | | |