

## Faculty Development Funds Application

Updated July 2021

Requested for \_\_\_\_\_ Summer/Fall \_\_\_\_\_ Spring/Summer Fiscal year \_\_\_\_\_

**Please complete and forward this application along with copies of any documentation supporting your request to your Chair or Director. Upon their approval, Chairs and Directors will forward these documents to their Dean.**

Name: \_\_\_\_\_ Department/School/College: \_\_\_\_\_

Campus Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Proposed Activity Priority Category (check all that apply):**

Probationary, Tenure Track Faculty Member  
 Presenter/Presider/Organizer/Honoree  
 Performance Learning Initiative  
 Distance Delivery/Online Resources Instructional Initiative  
 Diversity/Inclusion in the Curriculum  
 Other (explain) \_\_\_\_\_

Conference/Meeting/Workshop/Project: \_\_\_\_\_

Title of Project/Presentation/Activity: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Dates of Event(s): \_\_\_\_\_ Location: \_\_\_\_\_

<b>Funding Level Requested</b>	<input type="checkbox"/> \$1250-\$1500	<input type="checkbox"/> \$750-\$1249	<input type="checkbox"/> <\$750
<b>Travel:</b>	<b>Personal Auto Miles:</b>	<b>x</b>	<b>Total Transportation:</b>
<i>estimate</i> Air/Train: _____	_____	\$ .58/mile	\$ _____
<b>Lodging: No. of Nights:</b> _____	<b>Cost/Night:</b> _____		<b>Total Lodging:</b> \$ _____
			<b>Registration*:</b> \$ _____
			<b>Other essential**\$</b>
			<b>Total Request:</b> \$ _____

\* - Faculty development funds should not be applied to membership fees.  
\*\* - Please explain any additional support requested on a separate sheet.

Is funding available from other sources? \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, amount: \$ \_\_\_\_\_

If yes, are these sources internal to Millikin? \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, amount: \$ \_\_\_\_\_

If not internal, what is the source of the funds? \_\_\_\_\_

Have you received support from faculty development funds in the current fiscal year? Yes \_\_\_ No \_\_\_

If **Yes**, please list:

Project: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Describe the impact of your proposed activity on teaching, scholarship, professional development and/or service as described in your current growth plan and in relation to each of the institutional priorities checked above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**A final report on these activities should be submitted to your Dean at time of reimbursement.**

Signature of Applicant: \_\_\_\_\_  
Signature of Chair \_\_\_\_\_

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

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Dean's Recommendation:

Signature of Dean: \_\_\_\_\_

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

- Approved
- Not Approved
- Deferred for Later Reconsideration

Signature of Provost: \_\_\_\_\_

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