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| **FACULTY SCHOLARSHIP PROPOSAL  Valdosta State University** **Funding Category C: Professional Presentation** | | | |
| **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)*** |  | | |
| **Presentation paper/poster title:** |  | | |
| **Outcome of activity *(Describe specifically how the activity will assist faculty growth and development)*** |  | | |
| **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** | **Please select amount you are requesting (You can only request the amounts below)**  **🞎 $1000 award 🞎 $2000 award** | | |
| **Completed Application Check List** | 1. **Provides a completed application including your signature and the signatures of the dept. head and dean.** 2. **Provides appropriate documentation indicating invitation/acceptance of the applicant to a meeting/conference. A letter of acceptance and/or a published program should accompany the grant application.** 3. **By signing this application you agree to submit your final report and expense report by due date.** | | |
|  | | | |
| **Applicant’s Signature** |  | **Date** |  |
| **Dept Head Signature** |  | **Date** |  |
| **Dean/Director Signature** |  | **Date** |  |
|  | | | |
| **Submit proposal & final report to** | **Mrs. Carlotta Braswell Office of Academic Affairs 107 West Hall** | | |
| ***Any publicity of the granted activity should mention funding from the Office of Faculty Scholarship*** | | | |