

Faculty Scholarship Grant Application

Name:			
	First	Middle Initial	Last
SS#	Confirm last 4 digits of your social security number:		

Home Address:			
	Number and Street		
	City	State	Zip

Telephone:	Home:	Work:	Cell:
Email Address:			

Place of Employment:			
	Name of Institution		
	Your Position/Title		
	Number and Street Address		
	City	State	Zip
	Faculty Status (check one): ☐ Full Time ☐ Part Time ☐ Adjunct		

Include each amount requested on the appropriate line. The Research Foundation will fund a minimum of three \$3,500 faculty scholarship grant stipends per academic year. Consideration for an additional \$500 stipend will be given to funding necessary expenses incurred in carrying out the grant (e.g. travel, books, secretarial and research services, research materials). Faculty scholarship grants are not intended to support graduate degree programs, prepare a new course or revise a course in one's own specialty or area of expertise.

(a) Stipend \$ _____

(b) Other** \$ _____

Total funds requested \$ _____

**Please include a narrative below explaining your total budget:

Send completed application form and required information to the nursing program administrator or nursing dean by December 1. The nursing program administrator or nursing dean must submit information with their recommendation by January 1.

I certify that the information on this application is true to the best of my knowledge.

Signature: _____

Date: _____