

Faculty Grant Application

Name:	
Department:	
Project Title:	
	COURSE/CURRICULUM DEVELOPMENT
	PROFESSIONAL DEVELOPMENT
	RESEARCH

Brief Description of Proposed Work:

Benefit of propo	sed work to the University and to the faculty member:	
Previous Faculty	Grants:	
Date (year)	Title	Amount

Budget:	
Faculty stipend	
Undergraduate researcher stipend	
Travel	
Supplies	
Capital equipment	
Other (explain in justification)	
TOTAL	
Budget Justification:	

Other Funding Sources Available for Project: (If external funding is pending, please indicate approximate date for funding decision)

Biographical Information:	
Date Joined WNE (month & year):	
Title (rank and date acquired):	
	Tenured
	Tenure Track
	Professional Educator/Professor of Practice