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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:** |  | | |
| **List any coauthors with title and affiliation** |  | | |
| **Will other coauthors be in attendance** |  | | |
| **If the project has coauthors, explain the extent of own contribution in the research project** |  | | |
| **Outcome of activity *(Describe specifically how the activity will assist faculty growth and development)*** |  | | |
| **Have you received funding from FSRC during the current academic year? (If yes, how much?)** |  | | |
| **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 *(one-time FY 22-23 award of $1000)*** |  | | |
| **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. **Agrees to submit a final report within 30 days of completion of activity.** | | |
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| **Applicant’s Signature *(By signing this application you agree to submit your expense report within 60 days of return from travel. Failure to submit the expense report within 60 days may result in no reimbursement.)*** |  | **Date** |  |
| **Dept Head Signature** |  | **Date** |  |
| **Dean/Director Signature** |  | **Date** |  |
| **Proposal Submission Instructions** | **Submit via DocuSign and route as follows:**  **Applicant (for signature)**  **Department Head (for signature)**  **Dean (for signature)**  **Mrs. Anita Bosch (as a cc: on the end)** | | |
| ***Any publicity of the granted activity should mention funding from the Office of Faculty Scholarship*** | | | |