

IUSB Associate Professional Development Grant Proposal

NAME OF APPLICANT:

DEPARTMENT/DIVISION:

PREFERRED ADDRESS (home or campus):

PHONE:

EMAIL:

PROJECT TITLE:

PROJECT ABSTRACT: (Briefly describe the objectives, goals, significance, planned activities, and dates of those activities, anticipated personal and professional development, anticipated benefits to the University, and qualitative and quantitative impact on students of this project.)

AMOUNT OF FUNDING SOUGHT: _____

1. What efforts are underway to obtain additional funding for this project?
2. If you have had previous IUSB awards, what were they and what resulted from the project(s)?

ATTACH THE FOLLOWING TO THIS FORM:

1. Complete a budget statement to support your request for funds.
2. Letter of recommendation from your department or division chair or dean.

Submit completed proposal to the Contracts & Grants Coordinator, A247.

DEADLINES: November 1, February 1, April 1