

**APPLICATION FOR FACULTY GRANT AWARDS
2005-2006**

NAME OF APPLICANT: _____

DESCRIBE PROJECT:

(Attach additional pages, brochures, or other information that may be useful in helping the committee make a decision.)

HOW WILL IT BENEFIT YOUR STUDENTS?

WILL OTHER FACULTY BE INVOLVED? _____ **YES** _____ **NO**
IF YES, LIST NAMES _____

HOW WILL OTHER FACULTY BE INVOLVED?

APPROVED BY:

DIVISION CHAIR

DEAN