



## ARKANSAS TECH UNIVERSITY GUIDELINES FOR PROFESSIONAL DEVELOPMENT GRANTS 2024-25 Academic Year

The Professional Development Fund was established in 2005 at Arkansas Tech University to enhance individual and departmental efforts for professional growth and development through Professional Development Grants (PDG).

### A. ELIGIBILITY

All faculty including tenured and tenure-track as well as instructors may apply. We are not accepting applications from visiting faculty at this time.

Grants will be awarded for the following purposes:

1. Presentations, exhibitions, or performances at a professional conferences, festivals, galleries, or other recognized venues in your field
2. attendance at a professional conference, workshop, or creative residency
3. attendance or presentation at a virtual conferences, webinars, or online workshops
4. faculty research, creative endeavors, or other scholarly activities (must have been approved by the IRB first, if applicable)

### B. FUNDING REQUESTS AND UTILIZATION GUIDELINES

Faculty may request funding for as many virtual and/or in-person conferences as desired, so long as the total amount requested for the year does not exceed \$1,500.

Faculty may apply before receiving notification of acceptance for conference presentations, but funds awarded will not be released until a notification of acceptance is submitted.

Faculty must utilize the funds in accordance with their approved application. Any funds not used as specified must be returned to the Professional Development Grant.

### C. APPLICATION

Submit the completed and signed application to [pdg-frg@atu.edu](mailto:pdg-frg@atu.edu) by the deadline.

### D. SUPPORTING DOCUMENTS

Attach any supporting documents such as notification of acceptance or IRB approval to the application form. If notification of acceptance has not been received, please provide an estimated date or date range for receipt of notification of acceptance.

### E. FINAL REPORT

Recipients are required to submit a final report within 60 days of completion of the professional development activity. If your application is approved, you will be emailed a link for the final report. Failure to submit the report may result in denial of future applications.

### DEADLINES:

**FALL: September 27 @ 11:59 pm** for activities July 2024 – February 2025

**SPRING: February 14 @ 11:59 pm** for activities March – June 2025



## APPLICATION FOR PROFESSIONAL DEVELOPMENT GRANT

### DEADLINES:

**FALL: September 27 @ 11:59 pm** for activities July 2024 – February 2025

**SPRING: February 14 @ 11:59 pm** for activities March – June 2025

Date of Submission: \_\_\_\_\_

### 1.1 Faculty Information

Name: \_\_\_\_\_

T#: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Faculty Title: \_\_\_\_\_

Campus Email: \_\_\_\_\_

☐ Tenured ☐ Untenured ☐ Instructor Track

Campus Phone: \_\_\_\_\_

College: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Department: \_\_\_\_\_

### 1.2 Purpose

- ☐ Presentation/Exhibition/Performance\* ☐ Conference/Workshop/Residency  
☐ Research/Creative Endeavors\*\* ☐ Other

### 1.3 Activity

*(please include all information based on the activity being proposed – 250 words max)*

**Presentation/Attendance**

Dates: \_\_\_\_\_ ☐ Virtual ☐ In Person

Conference/Webinar/Festival Name: \_\_\_\_\_

Title of your presentation: \_\_\_\_\_

*\*Please include the notification of acceptance if you are presenting at a conference. If notification of acceptance has not been received, please provide an estimated date or date range for receipt of notification of acceptance.*

**Research / Creative**

Summary of your project: \_\_\_\_\_

*\*\* If for faculty research, an approved IRB must be included if applicable.*

## 1.4 Objective

How will your attendance / presentation / research enhance your or others' professional development? 250 words max

## 1.5 Budget Breakdown & Account Information

Conference Fee	
Meals	
Lodging	
Transportation / Parking	
Airfare	
Research Materials	
Other (Specify):	
Total Cost	

Amount Requested from PDG fund:	
External Funding Sources / Contribution (if any):	
Personal Contribution (if any):	
College Contribution (if any):	
Department Contribution (if any):	

Account Information:

Admin Name:

Admin Email:

Department	Index	Fund	Organization

## SIGNATURES:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date