

## **PROFESSIONAL DEVELOPMENT GRANT**

### **Proposal Format Required – Streamlined**

(To be used for 2020-2021 Academic Year)

The required elements of the proposal (see A – C below) should be 12-point type. All pages must be numbered. Submit the signed PDF to [pdg-frg@atu.edu](mailto:pdg-frg@atu.edu).

Priority will be given to tenure-track faculty still in their probationary period. Priority will also be given to faculty who are active conference participants. Virtual conference presentation and workshop facilitation will be given top priority, followed by virtual forms of continuing education, and finally virtual conference attendance. Scholarly activity and other research funds are not applicable with this award.

Rolling Application: Applications will be accepted throughout the 2020-2021 Academic Year. Faculty may apply for funding before they receive a letter of acceptance, but funds awarded will not be released until the letter of acceptance is submitted.

#### **A. COVER PAGE**

The required cover page, which must be fully completed, is at the end of this document.

#### **B. ACTIVITY / OBJECTIVES**

Please provide the name of the conference, information about the professional organization organizing the conference, a description of your participation in the conference (e.g., conference presentation), and the expected number of attendees. 250 word maximum.

#### **C. NOTIFICATION OF ACCEPTANCE**

Attach notification of acceptance 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.

**REQUIRED COVER PAGE**



**APPLICATION FOR PROFESSIONAL DEVELOPMENT GRANT**

\*\*All questions must be completed to be considered for grant award.

1. Date of Submission: \_\_\_\_\_

2. Conference: \_\_\_\_\_

3. Applicant Name: \_\_\_\_\_

4. Faculty Title: \_\_\_\_\_  Tenured  Untenured

5. College (abbrev): \_\_\_\_\_ 5. Department: \_\_\_\_\_ 6. Campus Mail Address: \_\_\_\_\_

7. Applicant Campus Phone: \_\_\_\_\_ 8. Amount Requested: \$ \_\_\_\_\_ 9. Total Cost: \$ \_\_\_\_\_

10. Conference/Workshop/Activity Dates: \_\_\_\_\_

**SIGNATURES**

Department Contribution (if applicable): \$ \_\_\_\_\_

Account Number (Budget Index): \_\_\_\_\_

\_\_\_\_\_  
Chairperson Date

College Contribution (if applicable): \$ \_\_\_\_\_

Account Number (Budget Index): \_\_\_\_\_

\_\_\_\_\_  
Dean Date