

## **PROFESSIONAL DEVELOPMENT GRANT**

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

(To be used for 2021-2022 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).

All faculty including tenured and tenure-track may apply. Grants will only be given to faculty who are active conference participants. Faculty may request funding for as many virtual and/or in-person conferences as desired, so long as the total amount does not exceed \$1,500. Scholarly activity and other research funds are not applicable with this award.

Rolling Application: Applications will be accepted through April 30, 2022. Faculty may apply at any time including 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.

#### **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