

FACULTY TEACHING GRANT APPLICATION

1. **Name** _____ **Signature** _____
 2. **Title** _____ **Department** _____
 3. **Campus Address** _____ **Phone** _____
 4. **Email** _____
 5. **Proposal Title** _____
 6. **Education:** Indicate the highest degree you hold (and where earned), along with any other information about your education relevant to your project.
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7. **References:** Please ask at least one person professionally qualified to address the significance of your project and your ability to carry it out to submit a letter of recommendation directly to:
Center for Academic Innovation, 2 Spes Unica Hall, Room 115, Saint Mary's College, Notre Dame, IN 46556.

Name of recommender:

8. **Departmental Endorsement:** Please have your department chair sign the following statement:
I have read this proposal and consider that it is consistent with the interests of the department and the College.

Chair

Department

Date

9. **Experience:** Indicate positions you have held, activities you have participated in, prior publications, exhibits, or recitals that are relevant to your project.
10. **The proposal narrative:** Please write to a general academic audience and limit your proposal to no more than five double-spaced pages. Include the following:
 1. A brief, descriptive title.
 2. An explanation of the project, including:
 - Specific aims
 - Method
 - Significance of the project (include how the project will enhance your teaching abilities and how it will contribute to curricular development in your department and at Saint Mary's).
 - Previous work that you have done on this or closely related projects.

11. **Other funding:**

a. Do you have other financial support for this project? ____Yes ____No
If Yes, please list. _____

b. Have you attempted to obtain support for the project from sources other than this fund?
____Yes ____No
If Yes, please list with disposition (i.e. awarded, pending or denied):
