FACULTY & STAFF AWARDS PROGRAM
FACULTY DEVELOPMENT GRANT APPLICATION

FACULTY SPONSOR: ___________________________________________

DATE SUBMITTED: ___________________________________________

CAMPUS TELEPHONE NUMBER: ________________________________

EMAIL ADDRESS: ___________________________________________

PROJECT NAME: ___________________________________________

BRIEF PROJECT DESCRIPTION WITH ESTIMATED BUDGET:
FACULTY & STAFF AWARDS PROGRAM
RESEARCH AWARD APPLICATION

NAME: _______________________________________________________

DEPARTMENT/UNIT: __________________________________________

DATE SUBMITTED: __________________________________________

CAMPUS TELEPHONE NUMBER: _________________________________

EMAIL ADDRESS: ____________________________________________
FACULTY & STAFF AWARDS PROGRAM
RICHARDS SCHOLAR APPLICATION

NAME: _______________________________________________________

DEPARTMENT/UNIT: ____________________________________________

DATE SUBMITTED: ____________________________________________

CAMPUS TELEPHONE NUMBER: _________________________________

EMAIL ADDRESS: _____________________________________________
FACULTY & STAFF AWARDS PROGRAM
SERVICE AWARD APPLICATION

NAME: _____________________________________________

DEPARTMENT/UNIT: ___________________________________

DATE SUBMITTED: ____________________________________

CAMPUS TELEPHONE NUMBER: ___________________________

EMAIL ADDRESS: _____________________________________
FACULTY & STAFF AWARDS PROGRAM
STONE GRANT APPLICATION

NAME: ________________________________________________

DEPARTMENT/UNIT: ___________________________________

DATE SUBMITTED: ____________________________________

CAMPUS TELEPHONE NUMBER: ___________________________

EMAIL ADDRESS: _______________________________________
FACULTY & STAFF AWARDS PROGRAM
STUDENT RESEARCH AWARD APPLICATION

FACULTY SPONSOR: ________________________________

DATE SUBMITTED: ________________________________

CAMPUS TELEPHONE NUMBER: _______________________

EMAIL ADDRESS: __________________________________

STUDENT NAME: __________________________________

HOME TELEPHONE NUMBER: _________________________

HOME ADDRESS: __________________________________

CITY/STATE/ZIP: _________________________________

EMAIL ADDRESS: _________________________________
FACULTY & STAFF AWARDS PROGRAM
SUPPORT STAFF SERVICE AWARD APPLICATION

NAME: _____________________________________________

DEPARTMENT/UNIT: ___________________________________

DATE SUBMITTED: ____________________________________

CAMPUS TELEPHONE NUMBER: __________________________

EMAIL ADDRESS: _____________________________________
FACULTY & STAFF AWARDS PROGRAM
TEACHING AWARD APPLICATION

NAME: ________________________________________________

DEPARTMENT/UNIT: ______________________________________

DATE SUBMITTED: ______________________________________

CAMPUS TELEPHONE NUMBER: ____________________________

EMAIL ADDRESS: ________________________________________