FACULTY & STAFF AWARDS PROGRAM
SUPPORT STAFF SERVICE AWARD 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
TEACHING AWARD APPLICATION

NAME: __________________________________________________________

DEPARTMENT/UNIT: _____________________________________________

DATE SUBMITTED: _____________________________________________

CAMPUS TELEPHONE NUMBER: _________________________________

EMAIL ADDRESS: ______________________________________________


FACULTY & STAFF AWARDS PROGRAM
RESEARCH AWARD 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
FACULTY DEVELOPMENT GRANT APPLICATION

FACULTY SPONSOR: ________________________________

DATE SUBMITTED: ________________________________

CAMPUS TELEPHONE NUMBER: ______________________

EMAIL ADDRESS: _________________________________

PROJECT NAME: _________________________________

BRIEF PROJECT DESCRIPTION WITH ESTIMATED BUDGET: