



UNIVERSITY of 
West Georgia

Richards
College of Business

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:



UNIVERSITY of 
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FACULTY & STAFF AWARDS PROGRAM

RESEARCH AWARD APPLICATION

NAME: _____

DEPARTMENT/UNIT: _____

DATE SUBMITTED: _____

CAMPUS TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____



UNIVERSITY of 
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FACULTY & STAFF AWARDS PROGRAM
RICHARDS SCHOLAR APPLICATION

NAME: _____

DEPARTMENT/UNIT: _____

DATE SUBMITTED: _____

CAMPUS TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____



UNIVERSITY of 
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FACULTY & STAFF AWARDS PROGRAM
SERVICE AWARD APPLICATION

NAME: _____

DEPARTMENT/UNIT: _____

DATE SUBMITTED: _____

CAMPUS TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____



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FACULTY & STAFF AWARDS PROGRAM

STONE GRANT APPLICATION

NAME: _____

DEPARTMENT/UNIT: _____

DATE SUBMITTED: _____

CAMPUS TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____



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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: _____



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FACULTY & STAFF AWARDS PROGRAM
SUPPORT STAFF SERVICE AWARD APPLICATION

NAME: _____

DEPARTMENT/UNIT: _____

DATE SUBMITTED: _____

CAMPUS TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____



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FACULTY & STAFF AWARDS PROGRAM

TEACHING AWARD APPLICATION

NAME: _____

DEPARTMENT/UNIT: _____

DATE SUBMITTED: _____

CAMPUS TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____