

**FSU FACULTY DEVELOPMENT AND SABBATICAL SUBCOMMITTEE****PROJECT GRANT APPLICATION**  
(Please **type** and submit **original plus six copies**)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

CATEGORY:       \_\_\_ TEACHING IMPROVEMENT  
                  \_\_\_ ACADEMIC ACHIEVEMENT  
                  \_\_\_ UNIVERSITY / COMMUNITY SERVICE\_\_\_\_\_  
PROJECT TITLE:\_\_\_\_\_  
OBJECTIVES:\_\_\_\_\_  
**BRIEF DESCRIPTION OF ACTIVITIES, WITH TIMELINE:***(Please be concise, but continue on back if necessary. )*

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**STATEMENT OF BENEFIT TO FSU:**

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**ITEMIZED BUDGET:**

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**PREVIOUS FACULTY DEVELOPMENT GRANTS:**TYPE OF GRANTTITLEDATE