

FSU FACULTY DEVELOPMENT AND SABBATICAL SUBCOMMITTEE

SUMMER STIPEND APPLICATION
(Please **type** and submit **original plus six copies.**)

DATE: _____

NAME: _____ **SOCIAL SECURITY #:** _____

DEPARTMENT: _____ **OFFICE PHONE:** _____

CATEGORY: ____ TEACHING IMPROVEMENT
____ ACADEMIC ACCOMPLISHMENT
____ UNIVERSITY/COMMUNITY SERVICE

PROJECT TITLE:

OBJECTIVES:

BRIEF DESCRIPTION OF ACTIVITIES, WITH TIMELINE:

(Please be concise, but continue on back if necessary.)

STATEMENT OF BENEFIT TO FSU:

PREVIOUS FACULTY DEVELOPMENT GRANTS:TYPE OF GRANTTITLEDATE