

FSU FACULTY DEVELOPMENT AND SABBATICAL SUBCOMMITTEE**WORKSHOP/SPEAKER GRANT APPLICATION**

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

DATE: _____

NAME: _____ SOCIAL SECURITY #: _____

DEPARTMENT: _____ OFFICE PHONE: _____

TITLE OF EVENT: _____

DATE(S) OF EVENT: _____

PROPOSED PLACE OF EVENT: _____

BRIEF DESCRIPTION OF EVENT: _____

BIOGRAPHICAL SKETCH OF PRESENTER

(Include *name, home address, and social security #*)

STATEMENT OF RELEVANCE TO THE UNIVERSITY COMMUNITY:

DETAILED BUDGET:

Lodging: ____ No. of days @ _____ = _____

Meals: ____ No. of days @ _____ = _____

Transportation:
Method of Travel (_____)

Honorarium: _____ days @ _____ = _____

Other (Specify): _____

TOTAL REQUEST _____

PREVIOUS FACULTY DEVELOPMENT GRANTS:

TYPE OF GRANT

TITLE

DATE