Total Amount Requested: $ Revised 07.17.20

**SUMMER RESEARCH AWARD**

***Application for funding***

**Please read** [**HELPFUL HINTS**](http://college.wfu.edu/research-scholarship-creativity/funding-opportunities/) **found on the** [**Faculty Funding site**](http://college.wfu.edu/research-scholarship-creativity/funding-opportunities/) **prior to completing this application.**

Name:

Department:

Rank:

Dates of appointment *(visiting or temporary only)*:

**Project Details:**

 *(All fields will expand as you type)*

1. Project title. Proposals should be written for educated non-specialists and should be free of jargon:
2. Prospectus summarizing the project and its significance to the field:
3. Research Plan. Explicit timeline and goals for summer research:

1. Expected Outcomes:
2. Please provide an electronic copy of the manuscript or project in its current state.
3. Please attach a current CV to this application.

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Applicant* Date

**To be completed by Department Chair:**

|  |
| --- |
|[ ]  This project should be funded |
|[ ]  This project should be partially funded |
|[ ]  This project should not be funded |

**Please provide the rationale for your recommendation:**
Chairs are asked to vet proposals to ensure that applicants have provided all information requested above, and that it is comprehensible to an educated audience of non-specialists. Chairs should indicate whether they endorse the particular project proposal in terms of its teacher-scholar relevance, viability, and necessity. In the case of conference travel or funding requested to support performance or exhibition of creative work, the chair is asked to provide an evaluation of the quality and selectivity of the conference, workshop or exhibition venue.

**Please provide your rationale here:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of Department Chair or Equivalent* Date

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Department Chair or Equivalent*

*Document to be submitted by department chair to* *Leigh Anne Robinson**.*