Total Amount Requested: $ Revised 08.21.25

**Archie Fund for the College**

***Application for funding***

**Please read** [**HELPFUL HINTS**](https://college.wfu.edu/research-scholarship-creativity/funding-opportunities/#20220824161828) **found on the** [**Faculty Funding site**](http://college.wfu.edu/research-scholarship-creativity/funding-opportunities/) **prior to completing this application.**

Name:

Department:

Rank:

**Project Details:**

*(All fields will expand as you type)*

1. Project description and significance to the field:

*(Proposals should be written for educated non-specialists and should be free of jargon. Describe your project in the context of a larger research agenda, both in terms of your past work and future trajectory.)*

1. Proposed Activities:

*(Describe in detail what artifacts or documents are located at the archive or site to be visited, and why access to them is crucial for completion of your project.)*

1. Expected Outcomes:
2. Proposed Project Duration: From: (Start Date) To: (End Date)

* *Include a detailed timeframe outlining activities to be undertaken and projecting when the project might be completed.*
* *If you have other commitments or overlapping obligations during the proposed project period, please indicate how your time will be allocated.*

1. Detailed budget including supporting documentation regarding travel and lodging cost (see sample budget below):

|  |  |  |
| --- | --- | --- |
| **Sample Itemized Budget** | | |
| **Destination:** | **Travel Dates:** | |
| **Description of Expense** | | **Amount** |
| Roundtrip airfare ticket (example GSO-London) | | $ |
| Transportation (mileage, streetcars, bus, train, etc.…) | | $ |
| Conference Fees (registration, etc.…) | | $ |
| Hotel (amount per night multiplied by number of nights) | | $ |
| Meals and Incidentals:  $50 Domestic; $75 International  (Hotel reimbursements may not go over rate of conference hotel) | | $ |
| Miscellaneous (photocopies, microfilms, library fees, supplies etc.…) | | $ |
| **Total Amount Requested** | | $ |

1. Have you applied for external support for this project? If yes, please provide the funding source to which you have applied and the status of your application:
2. Have you applied for Provost travel funds and department funding for this project? If yes, which fund and how much?

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Fund |  | Amount | $ |
| Name of Fund |  | Amount | $ |
| Name of Fund |  | Amount | $ |

1. Previous Internal Award History (please indicate awards received in the past 4 years):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Archie Fund | Year |  | Amount | $ |
| Faculty Development | Year |  | Amount | $ |
| Research and Publication | Year |  | Amount | $ |

1. 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 |

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* [*Carol Sowers*](mailto:sowersc@wfu.edu)*.*