## FACULTY SCHOLARSHIP PROPOSAL

## Valdosta State University Funding Category C: Professional Presentation

| Faculty Member                |                                       | Date   |          |
|-------------------------------|---------------------------------------|--------|----------|
| Title and                     |                                       | 2 4.10 |          |
| Department                    |                                       |        |          |
| E-mail address                |                                       |        |          |
| Description of                |                                       |        |          |
| proposed activity             |                                       |        |          |
| (Include dates of             |                                       |        |          |
| travel, location,             |                                       |        |          |
| and nature of                 |                                       |        |          |
| work to be                    |                                       |        |          |
| conducted)                    |                                       |        |          |
| Presentation                  |                                       |        |          |
| paper/poster                  |                                       |        |          |
| title:                        |                                       |        |          |
| List any                      |                                       |        |          |
| coauthors with                |                                       |        |          |
| title and affiliation         |                                       |        |          |
|                               | <u> </u>                              |        |          |
| Will other coauthors be in    |                                       |        |          |
| attendance                    |                                       |        |          |
| If the project has            |                                       |        |          |
| coauthors,                    |                                       |        |          |
| explain the                   |                                       |        |          |
| extent of own                 |                                       |        |          |
| contribution in               |                                       |        |          |
| the research                  |                                       |        |          |
| project                       |                                       |        |          |
| Outcome of                    |                                       |        |          |
| activity (Describe            |                                       |        |          |
| specifically how              |                                       |        |          |
| the activity will             |                                       |        |          |
| assist faculty                |                                       |        |          |
| growth and                    |                                       |        |          |
| development)                  | <u> </u>                              |        |          |
| Have you                      |                                       |        |          |
| received funding<br>from FSRC |                                       |        |          |
| during the                    |                                       |        |          |
| current academic              |                                       |        |          |
| year? (If yes,                |                                       |        |          |
| how much?)                    |                                       |        |          |
| •                             | Transportation Cost                   |        |          |
| Rudget                        | Automobile Rental                     |        |          |
| Budget<br>(Enumerate          | 3. Registration Fees                  |        |          |
| costs and                     | 4. Hotel                              |        |          |
| describe nature               | 5. Meals                              |        |          |
| of costs to be                | 6. Ground Transportation (taxi, etc.) |        |          |
| incurred)                     | 7. Other (parking, phone, etc.)       |        |          |
|                               | Total Cost                            |        |          |
| Other financial               | 1000                                  |        | <u> </u> |
| support                       |                                       |        |          |

| Amount of grant requested (one-time FY 24-25 award of \$1000)   |  |            |                        |
|---|--|------------|------------------------|
| Completed<br>Application<br>Check List  | <ol> <li>Provides a completed application including your signature and the signatures of the dept. head and dean.</li> <li>Provides appropriate documentation indicating invitation/acceptance of the applicant to a meeting/conference. A letter of acceptance and/or a published program should accompany the grant application.</li> <li>Agrees to submit a final report within 30 days of completion of activity.</li> </ol> |            |                        |
|   |  |            |                        |
| Applicant's Signature (By signing this application you agree to submit your expense report within 60 days of return from travel. Failure to submit the expense report within 60 days may result in no reimbursement.) |  | Date       |                        |
| Dept Head<br>Signature  |  | Date       |                        |
| Dean/Director<br>Signature  |  | Date       |                        |
| Proposal<br>Submission<br>Instructions  | Submit via DocuSign and route as follows: Applicant (for signature) Department Head (for signature) Dean (for signature) Mrs. Anita Bosch (as a cc: on the end) icity of the granted activity should mention funding from  | the Office | of Faculty Scholarship |