

FOUNDATION

Louise and Samuel Olshan Endowment for Faculty Professional Development Application

Name:	
Applicant Mailing Address:	
Department:	
Phone: E-mail:	
Academic Year:	
Name of Conference, Seminar or Professional Membership (no acronyms)	
Date of Conference or Seminar and location. (State if state, national or international even	ent)

Membership period for Professional Membership. (e.g., 2010 membership or 2010-2011 membership).
Purpose of Membership or Conference/Seminar (Detailed description)
Benefit of the Conference/Seminar or Professional Membership to you. (How this will benefit you and enhance your teaching methods.)
Benefit of the Conference/Seminar or Professional Membership to you. (How this will benefit you and enhance your Department and Division.)
Funding
Are you <i>currently</i> receiving funding for this purpose through your Department, Division or CTL?
□Yes
□ No
If "Yes," how much are you currently receiving \$
Have you received funding for this purpose through your Department, Division, CTL or from Olshan Endowment funds in the past 3 years?
□Yes
□ No

If "Yes", when did you receive the funding, from what source and how much?
Funding Request
□ \$50 Maximum for Professional Membership
Amount being requested \$ Total Amount of Membership \$
□ \$75 Maximum for In-State Conference or Seminar (Registration, Lodging, Travel)
Amount being requested \$ Total Amount of In-State Conference \$
Total Amount of In-State Conference \$ Total Amount of In-State Conference \$
Application Submission Deadlines
 Deadlines: This application must be received by the Center for Teaching and Learning no later than: November 1 for December 1 decision. May 1 for June 1 decision.
Applicant Signature
Signature of Applicant
Date