**SHSS Faculty Scholarship and Professional Development Proposals**

*Applicants should submit* ***only one form****.
All additional information (e.g., airfare, hotel reservation, conference registration, etc.) for each category (Conference Presentation, Professional Development, and/or Research) should be included in this form.*

1. Select all that apply: Conference Presentation Research

Professional Development

1. Applicant’s Name:
2. Link to curriculum vitae:
3. Department:
4. Rank:

**SECTION I: CONFERENCE PRESENTATION**

*If the applicant is interested in attending a Conference for which the Call for Proposals has not yet been sent and/or the Agenda has not been finalized, it is recommended that the applicant still propose a project that can be presented at a Conference.*

1. Title of Proposed Project(s):
*If attending more than one conference, please provide a title for each.*
2. Brief Abstract (for each conference attending; 200 words or less for each):
3. Is there more than one presenter on your project requesting funding?
*If yes and you are not the primary author, give justification for the need of multiple presenters. A response is required for Citadel co-authors sharing a presentation with other Citadel faculty or colleagues at another institution.*
4. Confirmation of Acceptance (for conferences only):
	1. Has your presentation been accepted by the conference?
	2. If not, please provide the date when confirmation of acceptance is expected:
5. List Citadel Foundation *Presentation of Research Grants* already awarded in the fiscal year for which this application applies:

|  |  |  |  |
| --- | --- | --- | --- |
| **Amount Awarded** | **Amount Spent** | **Date of Activity** | **Site of Activity** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Projected Costs:

|  |  |
| --- | --- |
| **Item** | **Estimate** |
| Airfare |  |
| Vehicle (including taxi/shuttle) |  |
| Parking Costs |  |
| Lodging |  |
| Meals |  |
| Registration  |  |
| Other (please specify) |  |
| **Total Projected:** |  |

1. Cost Justification:

*Indicate the basis for each cost estimate and the source. Purchase of airline tickets from online sources is recommended. The college encourages a Saturday night stay when the cost of airfare without the Saturday stay exceeds the additional lodging and meal expenses. Refer to the most recent Travel Reimbursement document for additional details. Citadel rates are listed below in Appendix A.*

1. Give a brief explanation for driving to the conference rather than flying, if the cost is more for driving:
2. Provide any additional information and/or supporting documentation that you would like the committee to consider for your conference presentation(s):

**SECTION II: DEVELOPMENT**

1. Title of Professional Development Program(s):
*If attending more than one professional development program, please provide a title for each.*
2. Brief Abstract (for each program attending; 200 words or less for each).

*This can include a brief description of the Program(s)*

1. Program Location
	1. Name of Program:
	2. First Day of Program:
	3. Last Day of Program:
	4. City, State:
	5. Number of Days for Request:
2. Indicate the specific benefits to yourself and to The Citadel in terms of professional development:
3. Please include specific justification for international travel, if necessary:
4. List Citadel Foundation *Professional Development Grants* already awarded in the fiscal year for which this application applies:

|  |  |  |  |
| --- | --- | --- | --- |
| **Amount Awarded** | **Amount Spent** | **Date of Activity** | **Site of Activity** |
|  |  |  |  |
|  |  |  |  |
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1. Projected Costs:

|  |  |
| --- | --- |
| **Item** | **Estimate** |
| Airfare |  |
| Vehicle (including taxi/shuttle) |  |
| Parking Costs |  |
| Lodging |  |
| Meals |  |
| Registration  |  |
| Other (please specify) |  |
| **Total:** |  |

1. Cost Justification:

*Indicate the basis for each cost estimate and the source. Purchase of airline tickets from online sources is recommended. The college encourages a Saturday night stay when the cost of airfare without the Saturday stay exceeds the additional lodging and meal expenses. Refer to the most recent Travel Reimbursement document for additional details. Citadel rates are listed in Appendix A.*

1. Give a brief explanation for driving to this Professional Development event rather than flying, if the cost is more for driving:
2. Provide any additional information and/or supporting documentation that you would like the committee to consider for your professional development program(s): (registration development program fee, etc.):

**SECTION III: RESEARCH**

1. Title of Proposed Research Project(s):
2. Brief Abstract/Research Statement (200 words or less).
3. List Citadel Foundation *Research Grants* already awarded in the fiscal year for which this application applies:

|  |  |  |  |
| --- | --- | --- | --- |
| **Amount Awarded** | **Amount Spent** | **Date of Activity** | **Site of Activity** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Total Amount Requested:

|  |  |
| --- | --- |
| **Item** | **Estimate** |
| Student Wages |  |
| Research Fees |  |
| Research Transportation |  |
| Research Lodging |  |
| Meals |  |
| Supplies |  |
| Equipment |  |
| Software |  |
| Other (please specify)[[1]](#footnote-1) |  |
| **Total Requested:** |  |

Refer to Appendix A for budget justification information.

1. Does the project make use of human/animal subjects?
*Note: IRB approval is required for research that makes use of human or animal subjects, excluding invertebrates. Application must be made to the Dean of Planning and Assessment for approval.*
2. Does the project comply with all the appropriate legal and ethical guidelines?
3. Provide any additional information and/or supporting documentation that you would like the committee to consider for your research project(s):

**SECTION IV**

1. Total Requested Amount (include all applicable categories):

|  |  |
| --- | --- |
| Total Conference Amount Requested |  |
| Total Professional Development Amount Requested |  |
| Total Research Amount Requested  |  |
| **Total Amount Requested:** |  |

**SECTION V**

1. Signature of Applicant
*By completing this portion, you electronically “sign” this document, acknowledging that all the information provided is correct and accurate to the best of your knowledge.*

Name:

Title:

Date:

**APPENDIX A: RESEARCH BUDGET JUSTIFICATION**

Indicate the basis for each cost estimate, and the source. Purchase of airline tickets from online sources is recommended. The college encourages a Saturday night stay, when the cost of airfare without the Saturday stay exceeds the additional lodging and meal expenses. Refer to the most recent Travel Reimbursement document for additional details. Citadel rates are listed below)

1. **Student Wages**
Undergraduate Work-Study: varies/hour
Graduate Student: $15.00/hour
2. **Fuel Expense** (You are reimbursed $.625/mile)
3. **Meals** (Include number of days for necessary meals)
In-State: $35 per day ($8 breakfast, $10 lunch, $17 dinner)
*Note: meals at conferences in Charleston will not be reimbursed*Out-of-State: $50 per day ($10 breakfast, $15 lunch, $25 dinner)
4. **Foreign Meals** (Meal reimbursements can be actual expenses or the Federal per diem rate. Receipts are required for actual expenses)

**Student Wages: $0.00**
If the hourly rate exceeds the limits given above, then provide detailed justification.

**Research Fees: $0.00**For example: office and educational supplies, photocopies, etc.

**Supplies: $0.00**
Include a quote, URL, or catalog name and page number for individual items over $500

**Travel to Conduct Research: $0.00**For example: airfare, vehicle rental, parking, etc.

**Equipment: $0.00**Include a quote, URL, or catalog name and page number for individual items over $500

**Other: $0.00**Include a quote, URL, or catalog name and page number for individual items over $500

1. Grant funds may NOT be used to purchase gift cards. [↑](#footnote-ref-1)