

APPLICATION
President's Commission on Women

JOSEPHINE NEVINS KEAL PROFESSIONAL DEVELOPMENT FUND
To Assist Female Faculty Members in Advancement of Professional Competence and Rank

NAME:

PHONE:

E ID:

E-MAIL:

COLLEGE:

Department/School:

CURRENT ACADEMIC RANK:

Number of Years in
Current Rank:

Date of first Tenure Track Appointment:

Have you completed at least one academic year (2 terms) on a tenure track appointment? YES ___ NO ___

If no, have you been a part time or full time lecturer at EMU? YES ___ NO ___ If yes, how long? _____

Have you ever received a Keal Fellowship before? YES ___ NO ___ If yes, when? _____

If yes, Project Title Funded:

\$ _____ AMOUNT REQUESTED

(NOTE: Fellowships will generally be limited to a maximum of \$400-\$800)

Have you applied to other sources for funding this project? YES ___ NO ___

If yes, Funding Source:

Amount Requested:

Are you receiving funding from other sources? YES ___ NO ___

If yes, Funding Source:

Amount Requested

Professional Development Activity: Please attach to this paper

- 1. A statement of purpose (goals, objectives, etc.)**
- 2. A short description of how your project will be accomplished**
- 3. Specify how it will advance your career**
- 4. Give an itemized budget (equipment requests are not generally funded)**

Limit your narrative to 300 words. If requesting funds for a conference, please include dates, place, copy of proposed presentation and acceptance verification.

Applicant's Signature:

Date:

SEND ONE ELECTRONIC APPLICATION TO: Nina Contis, econtis@emich.edu, by March 1, 5:00 pm.