

# Th'Ink Well

Center for Teaching Excellence

## GRANT APPLICATION

Grant for Innovative Teaching  
Application Form

Please deliver one original and 3 copies to the Center for Teaching and Learning after all signatures have been obtained.

I. Applicant information (for collaborative projects, include each person involved)

1. Name: \_\_\_\_\_  
Department: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Department: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Department: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Department: \_\_\_\_\_

II. Project Information

Title of Project \_\_\_\_\_

Starting Date: \_\_\_\_\_  
Date: \_\_\_\_\_

Proposed Completion

Requested from CTE: \_\_\_\_\_ Released time for  
(semester) \_\_\_\_\_

(session(s)) \_\_\_\_\_

\_\_\_\_\_ Summer Stipend

Specify \_\_\_\_\_

\_\_\_\_\_ Other:

III. Abstract of Project: (no more than fifty words)

Applicant's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_