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### Faculty Mentor Travel Grant Application

Faculty Mentor Travel Grants are for full-time faculty with ongoing appointments. These funds are to be used to support undergraduate research-related travel (e.g., conference, travel to archive). Faculty are eligible to apply for only one mentor development grant or one mentor travel grant per year. Funds do not roll over to the following budget year (budget year runs June 1 – May 31).

The application must be **typed**, saved as a pdf, and emailed to the Undergraduate Research Director, Eric Hall ([ehall@elon.edu](mailto:ehall@elon.edu))

### Part I – Primary Faculty Contact (contact info for other faculty and students is asked for at the end of this document)

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| --- | --- |
| Date Submitted: Click here to enter text. |  |
| Name: Click here to enter text. | Local Phone: Click here to enter text. |
| Campus Box: Click here to enter text. | Department: Click here to enter text. |
| Faculty Rank: Click here to enter text. | Email: Click here to enter text. |

### Part II – Project Description (attach)

When evaluating Mentor Travel Grant proposals, competitive proposals (1-2 pages) will:

1. Include information about the conference – title of conference, location of conference, dates, title of presentation, authors and authorship order. Please append a copy of the email/notice of acceptance to the conference.
2. Description of what the faculty will do at the conference to help the student develop as a scholar
3. Contain a budget. The amount for each budget line item requested must be documented and justified. Faculty must exhaust all other funding sources before applying to the UR program for travel funds (e.g., Dean, department chair, Lumen Program).
4. Have the potential to positively impact multiple students/faculty

### Part III – Budget

Please provide an itemized proposed budget by describing your research needs and the amount of money you are requesting for each need. Note that mentor travel grants are capped at $500.

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| **ITEM** | | **Amount requested** |
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|  | **TOTAL** | Click here to enter text. |

**Note: Grant Reporting**

A project report is required of all grant recipients and is due no later than one week before spring commencement.  Project reports should address progress on all activities of the project. This includes, but not limited to, the project's goals, expenditures, assessment, evaluation, and outcomes.

**Note: Requests for reimbursements**

All receipts should be submitted to Emily Moser ([emoser3@elon.edu](mailto:emoser3@elon.edu)) in Powell 108 within 2 weeks of purchase.

**Primary Faculty’s Electronic Signature**: Click here to enter text. Date: Click here to enter text.

**Part IV – Secondary Faculty Contact**

Please list the names and contact info for all faculty connected with this proposal

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| --- | --- |
| Name: Click here to enter text. | Local Phone: Click here to enter text. |
| Campus Box: Click here to enter text. | Department: Click here to enter text. |
| Faculty Rank: Click here to enter text. | Email: Click here to enter text. |

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| Name: Click here to enter text. | Local Phone: Click here to enter text. |
| Campus Box: Click here to enter text. | Department: Click here to enter text. |
| Faculty Rank: Click here to enter text. | Email: Click here to enter text. |

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| Name: Click here to enter text. | Local Phone: Click here to enter text. |
| Campus Box: Click here to enter text. | Department: Click here to enter text. |
| Faculty Rank: Click here to enter text. | Email: Click here to enter text. |

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| Name: Click here to enter text. | Local Phone: Click here to enter text. |
| Campus Box: Click here to enter text. | Department: Click here to enter text. |
| Faculty Rank: Click here to enter text. | Email: Click here to enter text. |

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| Name: Click here to enter text. | Local Phone: Click here to enter text. |
| Campus Box: Click here to enter text. | Department: Click here to enter text. |
| Faculty Rank: Click here to enter text. | Email: Click here to enter text. |

**Part V – Student Contact**

Please list the names and contact info for all students connected with this proposal

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| --- | --- |
| Name: Click here to enter text. | Fellow Status: Click here to enter text. |
| Campus Box: Click here to enter text. | Department: Click here to enter text. |
| Year in School: Click here to enter text. | Email: Click here to enter text. |

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| Name: Click here to enter text. | Fellow Status: Click here to enter text. |
| Campus Box: Click here to enter text. | Department: Click here to enter text. |
| Year in School: Click here to enter text. | Email: Click here to enter text. |

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| Name: Click here to enter text. | Fellow Status: Click here to enter text. |
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| Name: Click here to enter text. | Fellow Status: Click here to enter text. |
| Campus Box: Click here to enter text. | Department: Click here to enter text. |
| Year in School: Click here to enter text. | Email: Click here to enter text. |