Experiential Learning Scholars Program

Faculty/EXL Instructor Grant Form

Name: _____ Date: _____

Dept. _____ E-Mail: _____

Phone _____

EXL Course related to Grant Request: _____

Check the type of grant requested:

_____ Supplies for course development

_____ Hourly pay for student worker assistance

_____ Resources for development/implementation of EXL project

_____ Resources to establish partnerships

_____ Travel toward certification by National Society for Experiential Education (NSEE)

Experiential Education Academy

_____ Travel to present paper related to EXL

_____ Course reassignment (to pay adjunct)

NOTE: Documentation for proposed expenses is required as part of the grant application process.

Answer the following questions. Use additional pages if needed.

1. How will you use grant funds? (Provide specific details; e.g. provide dollars needed for each type/amount of supply needed)

2. How will completing the proposed project enhance students' experiential learning?

3. Other information?