



CHALLENGE CONVENTION.
CHANGE OUR WORLD.

NOTICE OF SUBMISSION Application for the Faculty Development Grant

Submitted by:

Faculty Name:

Faculty Rank and Department:

Number of Years at Clark:

Title of Project:

Effective Dates: From: To:

Total Funds Requested:

Date Submitted:

It is understood that there is no continuing University commitment beyond the termination date of this grant.

Signatures:

Applicant:

Date:

Department Chair:

Date:

Please submit your proposal and the signed
submission form via email to

FacultyDevelopmentFunds@clarku.edu

Please use the filename format:

yourlastnameFD24.pdf.

Clark Help Desk is available to help with bundling
the form and proposal into a **single pdf file.**