

APPLICATION COVER SHEET
FY 2023-24 EMERITUS COLLEGE FACULTY AWARDS
Deadline: Friday, March 15, 2024, by 4:30 p.m.
Submit electronically to EmeritiFacultyAssociation@siue.edu

Applicant(s) Name(s): _____

Project/Program Title: _____

Date of Project/Program: _____ **Amount Requested:** _____

Cost Sharing Amount: _____ **Successful funds transferred to account #:** _____

Department: _____ **Campus Box:** _____

E-mail Address: _____ **Phone:** _____

Partnership(s) if any, including any external party(ies):

Contact Person of External Party: _____

Address: _____

E-mail Address: _____ **Phone:** _____

Applicant Agreement:

If requested, I agree to:

- present a brief summary of the proposed project/program to the Awards Committee during the selection process, and
- be prepared to answer questions from committee members.

If awarded, I agree to:

- make a short presentation at the Emeritus College Annual Spring Reception.

Signatures:

Applicant(s): _____ **Date:** _____

Department Chair(s): _____ **Date:** _____

Dean(s): _____ **Date:** _____