

College of Education

RESEARCH SUPPLEMENTAL GRANT PROGRAM

- The College of Education Dean's Office continues to offer a supplemental grant program to **tenure-track and tenured faculty in the College of Education**. This program provides limited funding for **one** national or international **conference** per funding cycle **at which the individual is the first author of a research presentation**.
- This program offers reimbursement of up to **\$500**, following University procedures and guidelines, upon return from the conference presentation. The recipient can receive this support no more than once per funding cycle. The current funding cycle runs from July 1 through June 30. Funding availability subsequent to June 30 is dependent upon future budget allocations.
- This program was developed in response to continuing budgetary compression and is **intended to supplement, not replace, the use of other funds for conferences**.
- In order to receive these funds the individual must submit:
 - A completed application form endorsed by the department chair **prior to travel**
 - A copy of their conference proposal (**submitted summary or abstract**) that provides details of the **completed research** and **correct author citation order**
 - A **letter (or official e-mail) of acceptance** from the national or international organization accepting the presentation
- **Receive approval by the review committee prior to the conference.**
- **Agree to submit both electronic and hard copies of the presentation summary of this research to the College of Education Dean's Office following the conference. The summary should be submitted concurrently but separately when the travel expense claim form and receipts are submitted to your department for reimbursement.**
- Using the application form below, **submit requests and related documents to Dr. Steve Zanskas, BH 215, szanskas@memphis.edu**.

College of Education
Application for Funds to Present Research Findings

Name _____ Date _____

Faculty Rank _____ Department _____

Building & office # _____ Phone _____

Email address _____ T.A. # (if available) _____

Title of Presentation: _____

All Authors and Coauthors in the Sequence Listed on Presentation: _____

Conference Name: _____

Conference Location: _____ Travel Dates: _____

→ **A copy of the research abstract submitted to the professional organization/conference and the acceptance notification MUST accompany this application.**

Anticipated total reimbursable expenses \$ _____

**Funds available from project or grant \$ _____

Funds available from personal IDCR* \$ _____

**Funds available from departmental IDCR \$ _____

**Funds available from departmental budget \$ _____

Funds available from start-up funds \$ _____

Funds requested from Dean's support for research \$ _____

****These funds must be utilized first, before the Dean's support can be considered.**

***** IDCR = Indirect Cost Recovery from grants**

By signing below, the applicant agrees to submit both electronic and hard copies of the presentation summary of this research to the Education Dean's Office.

Applicant Signature

Date

Department Chair

Date

Task Force Approval

Date

Amount requested: \$ _____

Amount approved: \$ _____ Date: _____