

Application Cover Page

Faculty Mini Grant

Faculty Applicant(s):

Applicant Department(s):

Project Title:

For each faculty applicant please indicate whether you are:

Tenure track:

Term appointment with multi-year contracts:

New faculty (up to one year before the application for tenure):

If there are multiple faculty members on the application, please differentiate tenure status below.

In the past, have you received a Faculty Mini Grant? Yes No

If so, when?

In the past, have you received any other SUNY Oswego funded grant? Yes No

If so, which grant and when?

If you have been awarded grants in the past, have you submitted all necessary reports for all of the grants above? Yes No N/A

Have you applied for any other campus grants during the current academic year?

Yes No

If so, which grant?

Applicant Signature

Date

Applicant Signature

Date