Shoreline Community College
FOUND■■TION

16101 Greenwood Ave N
Shoreline, WA 98133
Phone: 206-533-6783
Email: sccfoundation@shoreline.edu

1964 Society Associate Faculty Professional Development Application

<u>Due Date:</u> November 3, 2017 at 5:00 p.m.

<u>Amount to be Awarded:</u> $1,100

<u>Purpose:</u>
The Shoreline Community College Foundation created the 1964 Society Associate Faculty Professional Development Endowed Scholarship to provide funds in perpetuity for associate faculty to use toward their professional development. This scholarship will also benefit the College and students by strengthening the faculty in their various professional capacities. Professional development includes: attending conferences, workshops, meetings or delivering presentations as a means to further their expertise in teaching at Shoreline Community College.

<u>Qualifications:</u>
1. Associate faculty member at Shoreline Community College
2. Must have taught at Shoreline Community College for at least 2 quarters
3. Must be continuing as an associate instructor (as verified by Human Resources)

<u>Important Information</u>
1. Proposals will be reviewed by a selection committee including two Foundation board members and three members of the Faculty Senate.
2. Recipients will be notified by December 1, 2017.
3. The Foundation may want to share the faculty member's experience and request that all scholarship recipients help disseminate their results by completing a brief report as soon as possible following the project's completion. Outcomes may be used in the College or Foundation materials, including the website.
4. The following will not be considered for support: (1) meals; (2) software/hardware acquisition or other equipment; (3) professional membership fees or licensure; (4) tuition; (5) additional faculty salaries
5. Please contact Mary Brueggeman with any questions – mbrueggeman@shoreline.edu

<u>Only completed applications will be considered for support. Completed applications must include:</u>
- ☐ Complete application with signature
- ☐ Itemized budget
- ☐ Your answers to the 2 short essay questions – 250 words or less per question
- ☐ Employment Verification form from Human Resources

Email the completed application and materials to mbrueggeman@shoreline.edu or return to the Foundation office in the Administration Building (1000), room 1005

PERSONAL INFORMATION			
Name			
Personal Address			
City	State	Zip	
Phone #	☐ Cell	☐ Day	☐ Evening
Shoreline Email			
Personal Email			

Shoreline Community College
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Faculty Name: _____

EMPLOYMENT INFORMATION

Please select one:

☐ Advising   ☐ Health Occupations/ Physical Education/ Business   ☐ Library

☐ Counseling   ☐ Humanities   ☐ Social Sciences

Other _____   ☐ LCN/CEO   ☐ Workforce & STEM

Name of Department/Program:

Month/Year You Began Employment at Shoreline Community College:

SUPPORT REQUEST

What kind of professional development are you requesting support for?
* The following will NOT be funded: meals, software/hardware acquisition, professional membership fees or licensure, tuition, or additional faculty salaries

☐ Conference registration   ☐ Workshop   ☐ Meeting

☐ Professional Association Presentation   ☐ Other

Other description:

Website URL for the conference or activity:

Applications for conference registration, a workshop, or a professional association presentation require the URL from the event on the application

AMOUNT REQUESTED: $

Please answer the following 2 questions in 250 words or less.

1. Description of the professional development activity.

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Faculty Name: _____

2. Description of how the funds will further your professional development and/or teaching. *Clearly state the connection/benefit of request for funding to professional development and the expected impact on student success, faculty success, and/or the campus community.*

I acknowledge that this application is true and correct. I give permission for the Shoreline CC Foundation to seek verification of the accuracy of any and all submitted information and documents. I also give permission to the Shoreline CC Foundation verify my status and for the Shoreline CC Foundation to obtain information from any program, department, and offices affiliated with Shoreline CC as it relates to my request.

Signature: Date:

FOR COMMITTEE USE ONLY:

☐   Awarded   ☐   Denied   TOTAL AWARDED: $

Notes: