NAME: ____________________________________________________________________

DIVISION: __________________________________________________________________

Courses taught: ___________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Beginning Date of Full-time JCJC Employment ______________________________________

PROPOSED PROJECT: (Please give an overview along with explanation of expected benefits in relation to teaching performance.)

Please attach supporting information such as brochure, journal announcement, individual invitation, etc. for the benefit of the selection committee.

JCJC FOUNDATION FACULTY ENRICHMENT GRANT
NAME: ________________________________________________________________________

DATE OF REQUEST: _______________ DATES TO BE USED: ___________________

DIVISION: _________________________________

DESCRIPTION OF TRAVEL
(A flyer or brochure, etc. with cost information must be attached to this request.)

Destination (City, State) _______________________________________________________

Purpose of Travel _____________________________________________________________

Mode of transportation: ____College Car    ____College Van    ____Personal Car    ____Air     ____Other

If traveling by public carrier, how will you travel to terminal? ________________________________________

Round trip mileage if traveling by car or van _____________________________________________

Name/Address of lodging accommodations _____________________________________________

Depart date ________  Depart from base _____am/pm  Carrier departs _____am/pm  First Req. Meal B  L  D

Return date ________  Arrive at base _____am/pm        Carrier arrives _____am/pm   First Req. Meal B  L  D

ESTIMATE OF EXPENSE

Room/Meals:  Regular meals, including tips     $ __________________

Hotel $ _______  x  ______  =      ___________________

Travel:                          _________ miles @ _______ cents/mile     ___________________

Public carrier        ___________________

Taxi/Shuttle Bus       ___________________

Fees:   Registration        ___________________

__________________________

__________________________

Other __________________________      ___________________

__________________________

__________________________

TOTAL FUNDS REQUESTED:    $ __________________

Person making request: ___________________________________

Division Chair:  _________________________________________

Dean:  _________________________________________________

College President:  _______________________________ (This signature secured by JCJC Foundation staff.)