JCJC FOUNDATION, INC.
FACULTY ENRICHMENT GRANT APPLICATION

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.)