



TITLE III FACULTY SCHOLARSHIP APPLICATION

Date _____

Before this application can be activated be sure the following stipulations are adhered to:

- ❖ Applicant must be a full-time employee of the University (faculty)
❖ All applications must be typed (as of April 20, 2015)
❖ All parts of the application must be completed
❖ Applicants must submit a copy of the Title III Scholarship Application form with the appropriate University signatures
❖ Proof that applicants are in a degree seeking program must be provided
❖ Proof that the applicant has completed the courses in which they are enrolled must be provided (transcript)
❖ Signed and Notarized Letter of Agreement

Name _____ Title _____

Home Address _____ Phone# _____

Campus Address _____ Campus Ext. _____

Application For _____ semester/session Institution Enrolled _____

Degree Sought/Certification Pursuing (Specify) _____

CREDIT HOURS (Transcript Attached)

Completed to Date _____ +This Application _____ +Remaining _____ = _____

Anticipated Graduation Date _____

Directions. Please indicate below the amount requested for the semester/summer session noted above (please be as specific as possible)

- A. Tuition: No. of credit hrs _____ x\$ _____ per credit hr =\$ _____
B. Books (purchased through enrolled institution only) \$ _____
*C. Other School Fees (activity fees, etc. \$ _____
*D. Thesis/Dissertation Typing \$ _____
*E. Library Searches \$ _____
TOTAL AMOUNT REQUESTED \$ _____

*If C,D, or E explain

Three horizontal lines for explanation of items C, D, or E.

Teaching Load (list courses + credit hours)

Other Responsibilities (if any)

If awarded a scholarship the Center for Faculty Development and Instructional Effectiveness will pay directly to the institution where you are enrolled. However, in order to pay 60% of the bill, the program will need your pre-enrollment receipt and an invoice from the institution where you are enrolled and copies of transcript(s) from previous semester(s).

Please write a brief statement explaining how this course of study will enhance your professional career in your chosen field. (50 words or less)

Signature of Applicant _____

Signature of School Dean _____

Signature of Vice President for Academic Affairs _____

For Professional Development Office Use Only

Letter of Agreement Submitted _____

Transcript(s) Submitted _____

Approved ___ Amount Granted _____ Not Approved ___

Notes:

Signature of Title III Director

Date

Agreement

The Center for Faculty Development
And
Instructional Effectiveness

This is to certify that if I _____
Scholarship Recipient

am awarded financial assistance to attend a university/college of Higher Education in pursuance of a terminal degree, I agree to continue working at Langston University for a minimum period of two (2) years following completion of my terminal degree.

Signature of Participant

Date

State of _____ County of _____

Subscribed and sworn before me _____

My commission expires _____

Notary Public