

FACULTY & STAFF ADVANCEMENT AWARDS
Application Cover Sheet

Please send your completed application, signed by your Dean/Manager and scanned to gbianchi@mpc.edu.

Required General Information

Primary Contact Name	
Other Participants Involved	
Department	
Division	
Email Address	
Phone Number or Extension	

Faculty or Staff Full time or Part time/Adjunct
 Professional Development Instructional Materials Summer Project (Garrison Award) Other
 Partial Award Acceptable?(Yes or No) _____
 Grant Monies Requested \$ _____
 Other Potential Funding Sources? _____

Does this project relate to your Program Review? Yes No

Optional Comments from Applicant's Supervisor (Dean, Manager, Vice President, or President):

Applicant's Direct Supervisor (i.e. your Dean, Manager, Vice President, or President):

PRINT NAME:

SIGN NAME:

I acknowledge that I have read this proposal.

Please Attach Proposal Letter and Budget.
Send final signed application as a single scanned PDF file to
gbianchi@mpc.edu.