



Teaching Community Enhancement Grant Application

Applicant's name, title/position: _____

Department, Unit or Program: _____

Campus Box: _____ Phone: _____

E-mail address(es): _____

Title of the activity/event: _____

Activity/event description (150-200 words maximum):

Explain who is targeted, how event contributes to your unit's teaching, expected attendance, amount requested (\$200 limit), and specifically what will be purchased. Supporting material for budget request (estimates, fee schedules, rates, etc.) can be attached.

Scheduled date(s) and times of the activity/event: _____

Applicant's Signature: _____ Date: _____

Chair/Director signature: _____ Date: _____

Deliver
application to: Beth Welch
Center for Teaching, Learning & Technology 6370
OR

Email as attachment to eawelch@ilstu.edu and put "Teaching Community Enhancement Grant Application" in subject line.