Experiential Learning Scholars Program

Faculty/EXL Instructor Grant Form

Name: _____ Date: _____

Dept. _____ E-Mail: _____

Phone _____

EXL Course(s) related to Grant Request:_____

Check the type of grant requested:

_____ Supplies for course development

_____ Resources for development/implementation of EXL project

_____ Resources to establish partnerships

_____ Travel toward certification by National Society for Experiential Education (NSEE)

Experiential Education Academy or attend NSEE Conference

_____ Travel to present paper related to EXL

_____ Travel related to EXL course

NOTE: Documentation for proposed expenses is required as part of the grant application process.

Answer the following questions. Use additional pages if needed.

1. How will you use grant funds? (Provide specific details; e.g. provide dollars needed for each type/amount of supply needed)   Please itemize using budget sheet provided.

2. How will completing the proposed project enhance students' experiential learning? Please specify what the students will gain.

3. Other information?

EXL Scholars Program

BUDGET FORM for EXL FACULTY GRANT

Item	Item Funds Requested (Itemize)	Matching Funds? (Itemize)
GRAND TOTAL		