



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
❖ 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)

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Other Responsibilities (if any)

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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 \_\_\_\_\_

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For Professional Development Office Use Only

Letter of Agreement Submitted \_\_\_\_\_

Transcript(s) Submitted \_\_\_\_\_

Approved \_\_\_ Amount Granted \_\_\_\_\_ Not Approved \_\_\_

Notes:

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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