



LANGSTON UNIVERSITY
TITLE III SCHOLARSHIP APPLICATION
FOR
PROFESSIONAL DEVELOPMENT

Date: _____
Application for (semester/year) _____

Before this application can be approved, please be certain that the following stipulations are adhered to:

- Applicant must be full time faculty of Langston University (one year of employment completed)
- Applications must be typed or legibly written and must contain the appropriate University signatures.
- All parts of the application must be completed including Letter of Agreement with notary signature.
- Applicant must submit proof of enrollment (bill, schedule, bursar's receipt) in courses related to their teaching discipline at Langston University.
- Provide transcripts of completed courses.

Required: Complete this [Faculty Development Funding Request Tracking Form](#), including this form and the invoice from the school.

Name _____ Title _____
Campus Address _____ Email _____ Phone # _____

Name of Institution _____ Hours enrolled _____
Teaching Discipline _____ Anticipated completion date _____

Please indicate below the amount requested for the semester/session noted above (please be specific)

Number of credit Hrs _____ x\$ _____ per hr=\$ _____

University teaching load (list courses and credit hours)

NOTE: If awarded a scholarship, the Faculty Development activity in Title III will pay 50% of the cost directly to the institution where you are enrolled for your tuition (books are not included). You must submit your pre-enrollment receipt and an invoice from the institution made payable to Langston University Accounts Payable department. E-mail to luaccountspayable@langston.edu , ardenna.harris@langston.edu, and sharpa@langston.edu. [Additionally, you must upload the receipt and invoice to this form.](#)

Signature of Applicant

Signature of Dean

Signature of VP for Academic Affairs

TITLE III OFFICE USE ONLY

APPLICATION COMPLETE _____
APPROVED _____ NOT APPROVED _____ AMOUNT GRANTED _____

NOTES:

Signature of Title III Director

Date



LETTER OF AGREEMENT

THE CENTER FOR FACULTY DEVELOPMENT AND INSTRUCTIONAL EFFECTIVENESS

This is to certify that if I _____
(Financial Aid 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 of two (2) years following completion of my terminal degree.

Name of Institution _____ Teaching Discipline _____

Anticipated completion date _____

Signature of Participant

Date

Notary (please complete):

State of _____ County of _____

Subscribed and sworn before me _____

My commission expires _____

Notary Public

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APPLICATION COMPLETE _____

APPROVED _____ NOT APPROVED _____ AMOUNT GRANTED _____

NOTES:

Signature of Title III Director

Date