COFAC Scholarly and Creative Activity Support Fund

Fund Application Form (Provide Attachments as Necessary)

Applicant's Name _____

Description of Project/Title of Project (Provide abstract of paper or detailed explanation of project):

Date of Activity/Presentation _____

Cost of Trip (please attach a budget sheet) $_____

Amount of Department/School Support $_____

Amount of Partial Expenses by Inviting Party $_____

Signatures:

I certify that I am not receiving funds from any person/or entity other than Western Illinois University for this Scholarly/Creative Activity. If applicant is receiving an honorarium or partial expenses, the amount must be provided above.

_____

Signature of Applicant Date

Approvals:

_____

Chair/Director Date

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Amount Awarded: $_____

_____

Dean Date