**APPLICATION FORM FOR COMMUNITY COLLEGE**

**FACULTY TRAVEL GRANT**

**2011 Community College Undergraduate Research Colloquium**

**Application Deadline: February 1, 2011**

A limited number of travel grants (mileage reimbursement) are available to the faculty of community college undergraduate students to help defray the costs of attending the annual [ESATYCB conference](http://www.esatycb.com/conferences.html) to support student presentations at the CCURC. These awards will be made to those who are actively engaged in using undergraduate research as a teaching tool and who might benefit professionally from attending the conference. Please indicate below your involvement in project-based learning, listing the course(s) in which you use undergraduate research (or your courses which include inquiry-based labs). Also provide a brief statement of your interest or expertise in science education including information such as whether you have laboratory experiments that would be of interest to other instructors or whether you have integrated case studies into your course(s). New [ESATYCB membership](http://www.esatycb.com/membership.html) applications must be postmarked by **February 1, 2011** to ensure eligibility for this travel grant.

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| **COMMUNITY COLLEGE FACULTY GRANT INFORMATION** | | | | | | | | | | | | |
| Name: |  | | |  | | | | | Degree(s) held: | | |  |
| Institution: |  | | | | | | | | | | | |
| Department: |  | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | |
| City: |  | State: |  | | | | | Zip code: | |  | | |
| Phone: |  | | | | FAX: |  | | | | |  | |
| e-mail: |  | | | | | |  | | | | | |
|  |  | | | | | |  | | | | | |
| Have you previously received a Travel Grant? | | | | | | | Yes | | | No | | |
| If so, indicate organization(s) and year(s) award received: | | | | | | |  | | | | | |

***Please print or type your brief statement below:***

I agree the funds I receive will only be used to defray the cost of travel and the contact information I provided may be used for follow-up contact by CCURI.

Faculty signature (Required) Date

Mail or fax this application form to:

**CCURC**

c/o J.R. Jacob

P.O. Box 139

170 North Street

Dryden, NY 13053

**FAX:** 607.844.6518

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For office use only:

Dates received: Travel request\_\_\_/\_\_\_/\_\_\_ ESATYCB membership \_\_\_/\_\_\_/\_\_\_