

**SCHOLAR INCENTIVE AWARD APPLICATION**

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| College:  |  | Date:  |  |
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| **Instructions to the applicant:** |
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| Please complete this application and forward it to your Department Chairperson. Approval of the Department Chairperson for the Departmental Personnel and Budget Committee is required before this application can be submitted to the College Personnel and Budget Committee, and then to the President for their approvals. Please consult your Department Chairperson for filing deadlines. |
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| Name:  |  | EMPLID #: |  |
|  |
| Department:  |  | Title:  |  |
|  |
| Retirement System:  |[ ]  ERS |[ ]  TRS |[ ]  TIAA |
|  |
| Date of your appointment to your present title:  |  |[ ]  Tenure |
|  |
| Date of your appointment to the College:  |  |[ ]  CCE |
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| I hereby apply for a Scholar Incentive Award in accordance with the provisions of the current agreement between CUNY and the Professional Staff Congress/ CUNY. |
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| Proposed dates of leave: from  |  | to |  |
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| (Please list all previous leaves of absence for one semester or more during the last six years, including Fellowship Leaves, Leaves Without Pay, etc.) |
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| Purpose | Dates |
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| **\*Statement of Purpose:** This Award may be granted only to facilitate bona fide and documented scholarly research. Please attach the detailed description of the project, as well as evidence, in any, of funding. |

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| A. Applicant’s preparation and significant contributions in the field of activity with which the project is concerned: |
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| B. Relation of project to long-range professional objectives: |
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| C. Location where project will be carried on, and authorities to be consulted (if study is to be involved, state name and location of institution): |
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| D. Arrangement for financial support (complete details must be supplied): |
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| E. Please attach your curriculum vitae to this application. |
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| If granted this Scholar Incentive Award, I shall continue to serve at least one full year following my return. I likewise agree to submit to the Chairperson of the Department, the Dean of Faculty and to the President, a report in writing, immediately upon my return to the College, outlining work accomplished during the period of the leave. |
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| (Applicant's signature) |  | (Date) |  |

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| **To be completed by the Department Chairperson:** |
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| Proposed arrangements for coverage during leave period |
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| Recommendation of Dept. on P&B  |  |
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| Signature of Dept. Chairman  |  | Date |  |
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| Signature of Chairperson(College P&B Committee) |  | Date |  |
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| Recommendation of the President to the Board: |
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| Signature of President or Designee  |  | Date |  |

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| **Action by CUNY Board:** |
|  |
|[ ]  Approved |[ ]  Not Approved |
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| For College Personnel Office Use |  |  | Date Received |  |
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| Date PAF Submitted: |  |  |
|  |
| Date of Chancellor’s Report: |  |  |
|  |
| Date of Submission of Report upon return from leave: |  |  |