



SCHOLAR INCENTIVE AWARD APPLICATION

College: _____

Date: _____

Instructions to the applicant:

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.

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

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.

Proposed dates of leave: from _____ to _____

(Please list all previous leaves of absence for one semester or more during the last six years, including Fellowship Leaves, Leaves Without Pay, etc.)

Purpose

Dates

***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:

B. Relation of project to long-range professional objectives:

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):

D. Arrangement for financial support (complete details must be supplied):

E. Please attach your curriculum vitae to this application.

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.

(Applicant's signature)

(Date)

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To be completed by the Department Chairperson:

Proposed arrangements for coverage during leave period

Recommendation of Dept. on P&B _____

Signature of Dept. Chairman _____

Date _____

Signature of Chairperson

(College P&B Committee) _____

Date _____

Recommendation of the President to the Board:

Signature of President or Designee _____

Date _____

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Action by CUNY Board:

Approved Not Approved

For College Personnel Office Use _____ Date Received _____

Date PAF Submitted: _____

Date of Chancellor's Report: _____

Date of Submission of Report upon return from leave: _____