|  |  |
| --- | --- |
|  | **2014-2015 Faculty Advancement Funds** |

The vision for Central Carolina Community College is to be a nationally recognized, world-class leader which provides opportunities that contribute to economic progress and cultural enrichment for students and communities we serve. To empower faculty to take an active role in achieving this ideal, Central Carolina offers financial assistance to full-time faculty members to attend nationally/regionally-recognized professional development workshops, conferences, and/or seminars. Proposals are reviewed by the Faculty Advancement Funds Committee and are prioritized for funding allocation using the guidelines listed below.

Before submitting your faculty advancement funds application, you are required to discuss your idea with your department chair and dean.

|  |
| --- |
| For 2014-2015 funding, applications will be accepted fromMonday, October 20, 2014 to Tuesday, November 25, 2014.Applications received after 5:00 p.m. on November 25, 2014, will not be considered. |

**Guidelines for Allocation of Funds**

* Funding is available to all full-time faculty.
* Travel requests that directly relate to recertification or reaccreditation of a program or individual will be given first priority.
* First-time applicants, presenters at national/regionally-recognized or local conferences, and officers of the sponsoring organization directly involved in planning the conference will be given priority.
* Conferences and workshops must be directly work-related and specific to the mission, vision, values, and goals of the college.
* The maximum amount that will be awarded is $1,250 per individual per trip. Any amount over $1,250 will be the responsibility of the traveler’s departmental funds or of the traveler. Additional funding sources may be utilized.
* Funding awards cover transportation, lodging, meals, and registration.
* Upon return from funded travel, faculty awarded Advancement Funds are expected to bring knowledge back to the College by presenting meaningful information to his/her department, or by facilitating a professional development session (contact Daisha Gaines).
* Funding to attend the same conference in consecutive years is not preferred.
* All activities must be complete and travel reimbursements submitted to the Business Office by June 23, 2015.

**Getting Started**

* Read this application thoroughly.
* Completed application includes all required signatures (department chair, dean, and yours). Note: You must have all signatures on the application prior to submitting to the committee. Begin this process early as delays may occur.
* Request Travel Authorization, using CCCC mileage and lodging rates <http://www.cccc.edu/intranet/files/TravelRatesMileage.pdf>
* Written proposal detailing how the event is directly work-related and critical to the mission, vision, values, and goals of the college, related to certification/recertification or accreditation/reaccreditation.
* Event information in the form of brochures, online announcements, flyers and registration form must be attached to application.

**What Needs to be Included in the Application?**

The **2014-2015 Faculty Advancement Funds** document (see pages 4-5) will request the following information:

1. Activity Title
2. Your Name & Title
3. Others Involved in Activity
4. Signatures of Department Chair and Dean
5. Activity Summary
6. Activity Description
7. Activity Justification
8. Expected Learning Outcomes and Benefits for Students
9. Travel Authorization

**How Do I Submit My Application?**

* Please complete pages 4-5 of this packet and submit your application to Becky Howington in Office 9137 of the Science Building (Sanford Campus).

**Who Will Review my Application?**

Your application will be reviewed by the Faculty Advancement Funds Committee composed of your faculty peers from across departments and campuses.

**What are the Criteria for Selection?**

The committee will evaluate and select the proposals that are related to the mission, vision, values, and goals of the college. The criteria for selection include:

1. Activities that have the potential for significant impact on student learning and development in the classroom
2. Activities designed to promote student success and further innovation in teaching and learning
3. The number of students, faculty, departments, classes, and programs influenced by the project

**When Will I Be Notified?**

The winners will be notified via email and will be asked to give-back by facilitating a professional development session and/or sharing information with their departments. Completed activities must be evaluated based on how learning improved. A Project/Activity Evaluation form is included on page 6 of this packet.

|  |  |
| --- | --- |
|  | **2014-2015 ApplicationFaculty Advancement Funds** |

Activity Title:

Your Name:

Your Title:

Others Involved in the Activity:

Your Department:

Date Submitted:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*Your Signature* *Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_

*Department Chair Signature Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*Dean Signature Date*

 **Application Narrative - Faculty Advancement Funds**

|  |
| --- |
| 1. Activity Summary:
 |
| *Please provide a brief summary of your professional development activity and how it will benefit you. Is the activity related to certification/recertification or accreditation/reaccreditation? Will you be presenting, serving on a panel, chairing a session, or are you an officer of the organization?* |

|  |
| --- |
| 1. Activity Description:
 |
| *Please provide details and timeline of the activity.* |

|  |
| --- |
| 1. Activity Justification:
 |
| *Please explain how the activity relates to existing methods of teaching and learning, why it is worthwhile, and how the findings/knowledge gained could be shared with other faculty and students.* |

|  |
| --- |
| 1. Expected Learning Outcomes and Benefits for Students:
 |
| *Please provide a list of your expected learning outcomes and benefits for students.* |

|  |  |
| --- | --- |
|  | **2014-2015 Faculty Advancement Funds Evaluation***To be completed after the fact.* |

Name of Conference/Activity:

Participants:

Date(s) of Conference/Activity:

1. Did this conference/ activity improve or enhance your instruction? (Agree/Disagree)

If agree, please explain how your instruction has improved or been enhanced.

1. How did this project /activity impact student learning?
2. How do you plan “to give back” to the college now that you’ve returned? Ex: Facilitating a professional development session, sharing information with your department.

Please share information and materials acquired through the project or activity. Send to Daisha Gaines (dgain414@cccc.edu). Thank you for participating in the Faculty Advancement Funds.