The Helen Abell Faculty-Student Collaboration Fund

Deadlines:  Fall: October 20
           Spring: February 20

PURPOSE: To teach Winthrop University students to be advocates for the teaching profession and to contribute to the knowledge base about their disciplines. Funds will support faculty and student collaborative presentations at professional conferences and meetings.

Faculty applicant name: ____________________________ Department: ___________________________________
E-mail contact: ____________________________ 🔗 : __________________________________________

Description of faculty-student collaboration:
Presentation site: ____________________________ Date of presentation: __________________________
Conference Organization: __________________________________________________

☐ international  ☐ national  ☐ regional  ☐ local

Presentation title:

Financial support requested: (check any that apply and attach additional documentation for those expenses) If you have taken a trip already, supply receipts according to the guidelines of other faculty development funding reimbursement (original receipts, flight tickets, hotel bills, copy bills, food expenses according to daily allowances instate/out of state) and attach travel authorization and reimbursement forms for all participants.

☐ flight  ☐ meals  ☐ conference fee  ☐ personal car  ☐ other  ☐ university car  ☐ extra insurance  ☐ hotel  ☐ international  ☐ national  ☐ regional  ☐ local

Have you received any other funds for this trip for the student(s)? __ yes __ no
If yes, please state source and amount so that committee can make a decision as to the amount of support it can provide additionally.

Names and e-mail addresses of students involved in collaboration:

Name ____________________________ E-mail address ____________________________
__________________________ ____________________________________
__________________________ ____________________________________
__________________________ ____________________________________
_________________________  ____________________________________

A Travel Authorization must also be completed and attached to this form. Travel Reimbursement with attached receipts must be submitted within 30 days of travel.

Applicant signature: ____________________________ Date ______________
Department Chair Signature: ____________________________ Date ______________