**Academic Staff Training and Enrichment Program (STEP)**

**Professional Development Grant Application**

Please complete the cover sheet and budget form by entering information into the data boxes and attaching additional documents as required by the guidelines posted online at [www.butler.edu/provost/step](http://www.butler.edu/provost/step) for a STEP professional development grant.

Once the application is complete, including all of the required signatures, please scan the entire application package into one PDF file and send an electronic version to STEP@butler.edu. Hard copies of applications will not be accepted. To ensure prompt review, please be sure to comply with current STEP professional development grant guidelines.

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| --- | --- | --- |
| Name: | E-Mail:      | Phone:      |
| College:      | Department:      |
| Number of years at Butler:        | Total dollar request ($500 maximum): $ |
| Project title:  |

**SIGNATURES**

Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STEP Professional Development Grant Application**

**Budget Form**

**Grant request (total from all categories should not exceed $500):**

Materials and supplies $

Equipment $

Publication purchases $

Other (please specify, see next section) $

**Total grant request $**

Please explain costs below**.**

**CHECKLIST**

[ ]  Cover sheet (including signatures)

[ ]  Budget form

[ ]  Justification statement

[ ]  Appendix (optional)

If successful, my application may be shared as an example for other applicants: Yes [ ]  No [ ]

|  |
| --- |
|  For STEP Internal Use OnlyApproved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Not approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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