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### Faculty Mentor Development Grant Application

Faculty Mentor Development Grants are for full-time faculty with ongoing appointments. Faculty are eligible to apply for only one mentor development grant or one mentor travel grant per year. Funds do not roll over to the following budget year (budget year runs June 1 – May 31).

**Purpose**: Mentor Development Grants (MDGs) are intended to support targeted acquisition of new skills/knowledge that help faculty significantly increase the quality of their undergraduate research mentoring. MDGs are not meant to support the general act of mentoring UR that every faculty member experiences when they work with students; that work is supported by the university in other ways (e.g., by compensation received from 498/499/SURE).

The application must be **typed**, saved as a pdf, and emailed to the Undergraduate Research Director ([mallison5@elon.edu](mailto:mallison5@elon.edu))

### Part I – Primary Faculty Contact (contact info for other faculty and students is asked for at the end of this document)

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| Date Submitted: Click here to enter text. |  |
| Name: Click here to enter text. | Local Phone: Click here to enter text. |
| Campus Box: Click here to enter text. | Department: Click here to enter text. |
| Faculty Rank: Click here to enter text. | Email: Click here to enter text. |

### Part II – Project Preparation (attach)

When evaluating MDG proposals, URP leadership will consider what the proposers want to do, why they want to do it, how they plan to do it, how they will know if they succeed, and what benefits could occur if the project is successful. Therefore, competitive proposals (3-5 pages) must satisfy all of the following:

1. be of the highest quality and have the potential to advance, if not transform, the development of those involved in the grant activities. Projects must have the potential to positively impact multiple students/faculty.
2. include clearly stated goals that aim to increase the quality of mentoring, along with convincing arguments for the merits of each goal.
3. include detailed descriptions of all activities intended to achieve the goals. The appropriateness of the activities must be well justified.
4. articulate clear and convincing metrics/measures for determining the project's success. The appropriateness of the metrics/measurements must be well justified.
5. describe in detail how evidence will be gathered, organized, and presented to URP to document the project's success.
6. contain a budget. The amounts for each budget line item requested must be documented and justified. Faculty must exhaust all other funding sources before applying to the UR program for travel funds (e.g., Dean, department chair, Lumen Program).

### Part III – Budget

Please provide an itemized proposed budget by describing your research needs and the amount of money you are requesting for each need. Note that mentor development grants are capped at $1,000.

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| **ITEM** | | **Amount requested** |
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**Note: Grant Reporting**

A project report is required of all grant recipients and is due no later than one week before spring commencement.  Project reports should address progress on all activities of the project. This includes, but not limited to, the project's goals, expenditures, assessment, evaluation, and outcomes.

**Note: Requests for reimbursements**

All receipts should be submitted to Tammy Womack in Powell 108 within 2 weeks of purchase.

**Primary Faculty’s Electronic Signature**: Click here to enter text. Date: Click here to enter text.

**Part IV – Secondary Faculty Contact**

Please list the names and contact info for all faculty connected with this proposal

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| Name: Click here to enter text. | Local Phone: Click here to enter text. |
| Campus Box: Click here to enter text. | Department: Click here to enter text. |
| Faculty Rank: Click here to enter text. | Email: Click here to enter text. |

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| Name: Click here to enter text. | Local Phone: Click here to enter text. |
| Campus Box: Click here to enter text. | Department: Click here to enter text. |
| Faculty Rank: Click here to enter text. | Email: Click here to enter text. |

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| Name: Click here to enter text. | Local Phone: Click here to enter text. |
| Campus Box: Click here to enter text. | Department: Click here to enter text. |
| Faculty Rank: Click here to enter text. | Email: Click here to enter text. |

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| Campus Box: Click here to enter text. | Department: Click here to enter text. |
| Faculty Rank: Click here to enter text. | Email: Click here to enter text. |

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| Name: Click here to enter text. | Local Phone: Click here to enter text. |
| Campus Box: Click here to enter text. | Department: Click here to enter text. |
| Faculty Rank: Click here to enter text. | Email: Click here to enter text. |

**Part V – Student Contact**

Please list the names and contact info for all students connected with this proposal

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| Name: Click here to enter text. | Fellow Status: Click here to enter text. |
| Campus Box: Click here to enter text. | Department: Click here to enter text. |
| Year in School: Click here to enter text. | Email: Click here to enter text. |

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| Campus Box: Click here to enter text. | Department: Click here to enter text. |
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| Campus Box: Click here to enter text. | Department: Click here to enter text. |
| Year in School: Click here to enter text. | Email: Click here to enter text. |