Application Form

LEARNING INNOVATION GRANT

for Individual Grants (up to $10,000)

Proposals are due December 7, 2018

Faculty are invited to apply for innovation grants to foster and support the meaningful use of educational technology. Proposals of up to $10,000 will be awarded for new and innovative uses of technology to improve the student experience whether in courses, informal learning experiences or student life. Up to fifteen grants will be awarded. Technology and services purchased with the funds belong to OSU, and the university’s procedures and policies apply.

Applications should be no longer than 6 pages when complete. Submit the completed application by December 7, 2018, as an email attachment to:

Robin.pappas@oregonstate.edu

The email should also be copied to the proposer’s department chair/unit head and any co-proposers.

**CONTACT INFORMATION**

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| Applicant Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Title | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Project Title | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PROPOSAL**

Statement of Intent (Please provide a statement that roughly follows the format: **I am requesting $X to purchase/pay for Y in order to provide/accomplish/produce Z for audience A**.

X = total amount of LIG funds requested for the project

Y = the service, output, gadget(s), software, etc., that X will pay for

Z = the learning and/or experiential outcomes that the project is intended to produce.

A = the students, course(s), etc., who will directly benefit from the project.

Example: I am requesting $1500 for a site license for BrainWizard 3D imaging software to enable the students in my introductory Brain Pathologies course to visualize and explain the structural features of various brain diseases such as cancerous tumors, lesions, Alzheimer’s Disease, etc.)

Description / Overview (up to 2 paragraphs)

Short rationale of how the project will enhance student learning or success (up to 3 paragraphs)

Description of how the project aligns to and advances the course and/or program learning outcomes (up to 2 paragraphs)

Description of how the project’s effects/results will be assessed (up to 2 paragraphs. Note: eSET scores do not constitute an assessment of learning. Please describe assessment activities that will help you understand the project’s contribution to the learning and/or experiential outcomes described in the above section.)

Proposed budget, with any matching funds noted

Implementation plan, including a list of personnel involved and timeline

**GUIDELINES**

* Funds may be used for only technology (devices, software, services) or student salary/stipend. Travel, furniture, food, faculty salary, and release time may be noted as matching funds.
* Faculty may apply individually or in teams. Faculty may submit more than one proposal, but an individual will only receive one award.
* Students may apply for grants but are required to have a faculty sponsor.
* These grants are intended to fund new innovation rather than to provide sustaining or replacement funds for an existing project.
* There is no expectation of ongoing funding after the grant period completes.
* Awardees will share the learning or outcomes from the projects by report or presentation after the projects complete.
* All funds must be spent by October 1, 2019.

**APPLICANT SIGNATURE**

**Physical signatures are not required:** applications may be returned in electronic form with the applicant’s name printed on the second line below.

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Applicant (sign) Date

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

Applicant (printed)

**DEPARTMENT CHAIR or SCHOOL DIRECTOR**

As department chair or school director, I am fully supportive of the applicant’s proposal for a faculty development award and will provide assistance in the development and evaluation of the activity. Necessary administrative approval has been obtained for the proposed activity.

**Physical signatures are not required:** applications may be returned in electronic form with the chair / director’s name printed on the second line below and with the chair/director copied on the email submission.

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Department Chair / School Director (sign) Date

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Department Chair / School Director (printed)