

**FACULTY SCHOLARSHIP AND ACADEMIC ADVANCEMENT**

**APPLICATION - FORM A**

**Principal Investigator**: Provides overall direction for the research projects. The Principal Investigator must be a full-time or part-time faculty member\*. The Principal Investigator submits the proposal, budget and monitors the allocation of funds. One year following the receipt of funds the principal investigator submits a status form. All award recipients are expected to present their findings at a future Research Day.

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| --- | --- |
| **Date:** |  *Date* |
| **Principal Investigator Name:** |  *Enter text here* |
| **Department & School Name:** |  *Enter text here* |
| **Rank:** |  *Enter text here* |  **Full-Time** [ ]  **Part-Time** [ ]  |
| **Years Employed at Molloy University:** | *#* | **Tenure:** | **YES** [ ]  **NO** [ ]  |
| **Email:** |  *Enter text here* | **Phone:** |  *Enter text here* |

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| --- |
| **Title of Proposed Project:** |
| *Enter text here* |
| **Amount Requested:** |  *Enter text here* | **Proposed Time Frame for Project:** |  *Enter text here* |

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| **Have you previously received funding for this project from Molloy University?***(If yes, please attach a copy of the original proposal)***:** | **YES** [ ]  **NO** [ ]  |
| **Have you previously received funding for this project from other sources?** | **YES** [ ]  **NO** [ ]  |
| **If yes, please explain:** | *Enter text here* |

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| **Is this project a requirement of a doctoral program?** | **YES** [ ]  **NO** [ ]  |

**Co-Investigator:** Any Molloy faculty who participates in the project and whose name would appear on any publications resulting from this project must be listed as a co-investigator on this form.

\*Non-Molloy co-investigators must also be listed on this page and must submit a current resume.

\*Please refer to Faculty Handbook for Faculty Research/Scholarship Policy.

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| --- | --- | --- | --- |
| **Co-Investigator:** |  *Enter text here* | **Dept/Affiliation:** |  *Enter text here* |
| **Co-Investigator:** |  *Enter text here* | **Dept/Affiliation:** |  *Enter text here* |
| **Co-Investigator:** |  *Enter text here* | **Dept/Affiliation:** |  *Enter text here* |

**Research and Professional Experience of the Investigators**

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| --- |
| **Summarize any relevant experience or publications:** |
| *Enter text here* |

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| **Refer to Molloy’s Institutional Review Board (IRB) Policy and Procedure. All human participant research must be directed to the IRB. Only members of the IRB are empowered to exempt appropriate research from IRB review.** |
| **Human Participants?** | **YES** [ ]  **NO** [ ]  | **IRB Approval?** | **YES** [ ]  **NO** [ ]  |
| **If approved by the IRB, please attach approval. If not approved, please explain why:** |
| *Enter text here* |

**Grants you have received from this committee over the past five years:**

|  |  |  |
| --- | --- | --- |
| **Date** | **Title** | **Amount** |
| *Date* |  |  |
| *Date* |  |  |
| *Date* |  |  |
| *Date* |  |  |
| *Date* |  |  |

**Grants you have received from outside sources over the past five years:**

|  |  |  |
| --- | --- | --- |
| **Date** | **Title** | **Amount** |
| *Date* |  |  |
| *Date* |  |  |
| *Date* |  |  |
| *Date* |  |  |
| *Date* |  |  |

Attach the following items to this application form (Form A):

1. 150 Word Abstract
2. Statement of Purpose
3. Literature Review
4. Methodology
5. Bibliography
6. Proposed Budget (Form B)
7. Plan for Dissemination of Research
8. IRB Approval (if applicable)

Submit five copies of the entire packet of information to the Chairperson by March 1st