

One Day Away Grants

Purpose:

Starting in Fall 2007 the College of Arts and Sciences will set aside a limited amount of funding to support a new program aimed at fostering relationships between College of Arts and Sciences faculty and Treasure Valley K-12 schools.

Eligibility Requirements:

- Applicants must be tenured, tenure-track, or special lecturer faculty. An individual faculty member is eligible to receive only one grant per academic year.
- Awards will be made for \$100.00 (or less) to support one visit to a local classroom, or a visit by local school students to the Boise State campus.
- Funds may be spent in any way that enhances student-teacher-professor relationships. In the case of classroom visits with younger students, small mementos that illustrate a particular point may be purchased. In other cases, funds may be used to purchase an item left with the classroom as a resource.
- The limited funds available for this program will be disbursed on a first-come basis.
- To avoid any real or perceived conflict of interest, funds may not be used in a classroom that includes a relative of any Boise State faculty member involved in the activity.

Application Procedures:

- Complete the “COAS One Day Away Grant Application” form. There is no set deadline for applications, which will be accepted on a rolling basis until funds are exhausted.
- Awards will be made based upon the applicant’s narrative (50-100 words).
Address these points:
 1. Explain the activity and indicate why it is appropriate for the students with whom you will be working.
 2. Indicate how funds will be expended.

Notification:

- Recipients will be notified in writing within two weeks following receipt of the application, and funds will be transferred to the departmental account indicated on the application form.

COAS One Day Away Grant Application

Date: _____

Applicant Name: _____

Academic Rank: _____

Department: _____

Departmental Account To Which Funds Should Be Transferred: _____

Local School: _____

Address: _____

Name of Local School Contact: _____

Contact Phone Number: _____

Date(s) of Activity: _____

Narrative:

(No more than 100 words explaining the activity, why it is appropriate for the students who will be involved, and how funds will be expended.)

Applicant's Signature: _____

Department Chair's Signature: _____
(or Signature of Departmental Community Engagement Coordinator)

(for completion by COAS staff)

Associate Dean's Approval/Denial: _____

\$ _____ Amount Awarded

Date and Account of Fund Transfer: _____