

**Divine Word College
Financial Assistance Request
Faculty Research/Publications**

Name:

Date:

Department/Institute:

Current semester/year:

Discipline of Research/Publication project:

- A. Objective/Goal – (describe briefly the objectives/goals.)**

- B. Professional Development – (describe briefly the ways this project will help with both your professional development and that of Divine Word College.)**

- C. Timeline – (Give the proposed timeline of the project including the beginning date and projected completion date.)**

- D. Expenses – (Please be as complete and accurate as possible in listing the anticipated expenses to Divine Word College. If the location of the computer and printer is other than your own office, use is restricted to after office hours.)**

1. Computer location:

Hours per day:

Hours per week:

Total Hours:

2. Printer location:

Hours per day:

Hours per week:

Paper: sheets/reams @

Total Cost: \$

3. Copier: sheets/reams @

Total Cost: \$

4. Secretarial Assistance:

Hours per day:

Hours per week:

Total Hours:

5. Other:

6. **Total estimated cost to Divine Word College: \$**

Please present one copy of this form to the Vice President for Academic Affairs

For Office Use Only

Signature/Title

Date

Account Number

Date copy to Department Chair/ESL Director:
