



**GRANT-IN-AID EDUCATIONAL LEAVE AWARD PROGRAM
APPLICATION FORM 2019-20**

Full Name: _____

UIN: _____

Job Title: _____ Department: _____

Employment Category: Faculty ____ A&P ____ SP ____

Home Address: _____

Email: _____

Year and semester (s) for which Grant-In-Aid Educational Leave is sought: _____

Full-time Fall 20 _____ Spring 20 _____ or Part-time Fall 20 _____ Spring 20 _____

Summer 20 _____

Summer Leave may be awarded on a case by case basis. To be eligible to receive Summer Leave, students must be enrolled by May 15. Please include details about Summer Leave in your personal statement.

Name(s) of State of Florida or other regionally accredited university/college that you will attend

during the Educational Leave Program: _____

Educational Objective: Associate's ____ Bachelor's ____ Master's ____ Doctoral ____

Field of Study: _____

Total number of semester hour credits remaining to complete degree, including any internships:

Anticipated completion date of the degree: _____

Applicants must have been employed at FGCU full-time for at least two years as of August 19, 2019.

Date started at FGCU: _____

Please prepare a personal statement for the selection committee to review and discuss the following:

- Diversity and inclusion are important values to FGCU. Discuss what diversity and inclusion means to you and how you promote those values at FGCU.
- Outline your remaining requirements for the completion of your degree.
- How does the completion of your degree relate to your career and goals at FGCU?
- How does the completion of your degree benefit FGCU?
- Discuss some of your professional accomplishments during your employment with FGCU.
- What is your biggest accomplishment and how did it impact the University?

I understand that if I am awarded an educational leave under this program, I am expected to continue employment with Florida Gulf Coast University for one calendar year following the completion of the educational leave. I agree to execute a Promissory Note agreeing to repay the prorated amount of my gross salary and any stipends paid to me during my educational leave if I resign or if I am terminated from my employment with Florida Gulf Coast University before the one year period ends.

If selected for participation in the Grant-In-Aid Educational Leave Award Program, I agree to participate in any follow-up assessments conducted by the administrators of the program and assist with any other requests that may be necessary to facilitate the administration of the program. I certify that the information provided is true and accurate.

Applicant's Signature: _____ Date: _____

Your supervisor must also sign the application. The signature of the supervisor indicates that they are aware of the employee's application for the award and supports the leave if it is awarded. It is the supervisor's responsibility to inform the person that is directly responsible for managing the department/unit (Dean, Director or Department Head) of this application. The supervisor confirms that the applicant currently has a minimum performance evaluation rating of "Meets Expectations".

If staff:

Supervisor's Signature: _____ Date: _____

If Faculty:

Dean's Signature: _____ Date: _____

Departmental Replacement Funding

The replacement funding to be appropriated to a recipient's department for each full-time award is up to \$5,000 for a Faculty or A&P award and up to \$3,000 for a SP award, depending on funding availability.

All applications must be submitted electronically to Monique McKay at MMcKay@fgcu.edu with the subject title: **Grant-in-Aid Program Application** by March 14, 2019 at 5pm. Please ensure that your application has the following attachments:

- Completed and signed Application Form
- Resume
- Three letters of recommendation
- Personal Statement
- All transcripts. Unofficial transcripts may be provided with the application. Official transcripts must be provided if the applicant is selected to receive an award.