

LEHMAN COLLEGE  
DATE \_\_\_\_\_

**INSTRUCTIONAL STAFF  
APPLICATION FOR SCHOLAR INCENTIVE AWARD**

Instructions to the applicant:

Please complete this application and forward it to your Department Chair. Approval of the Department Chair for the Departmental Appointments Committee or Departmental Personnel And Budget committee, is required before this application can be submitted to the College Personnel and Budget Committee, then to the Provost, and then to the President for their approvals. Please consult your Department Chair for filing deadlines.

Name \_\_\_\_\_

Department \_\_\_\_\_ Title \_\_\_\_\_

Retirement System:

\_\_\_\_\_  
ERS                      TRS                      TIAA

Date of your appointment to the college \_\_\_\_\_.

Date of your appointment to your present title with tenure or CCE \_\_\_\_\_.

I hereby apply for a Scholar Incentive Award in accordance with the provisions of the current agreement between CUNY and the Professional staff Congress/CUNY.

Proposed Dates of Leave: from \_\_\_\_\_ to \_\_\_\_\_

(Please list all previous leaves of absence for one semester or more during the last six years, including Fellowship Leaves, Leaves without Pay, etc.)

<u>Purpose</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____
_____	_____

**\*Statement of Purpose:** - This Award may be granted only to facilitate bona fide and documented scholarly research. Please attach the detailed description of the project, as well as evidence, if any, of funding.

\*See attached sheets

A. Applicant's preparation and significant contributions in the field of activity with which the project is concerned:

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B. Relation of project to long-range professional objectives:

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C. Location where project will be carried on, and authorities to be consulted. (if study is to be involved, state name and location of institution):

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D. Arrangement for financial support (complete details must be supplied):

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E. Please attach your curriculum vitae to this application.

If granted this Scholar Incentive Award, I shall continue to serve at least one full year following my return. I likewise agree to submit to the Chair of the Department, the Provost, and to the President, a report in writing, immediately upon my return to the College, outlining work accomplished during the period of the leave.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Address During Leave \_\_\_\_\_  
\_\_\_\_\_

**To be completed by the Department Chair:**

Proposed arrangements for coverage during leave period:

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Recommendation of Departmental P& B (with vote)

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Signature of Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Signature of Chair \_\_\_\_\_ Date \_\_\_\_\_  
(College P & B Committee)

Recommendation of the President to the Board of Trustees:

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Signature of President or Designee \_\_\_\_\_ Date \_\_\_\_\_

Action of Board of Trustees:

\_\_\_\_\_ Approved          \_\_\_\_\_ Not Approved

Date of Chancellor's Report \_\_\_\_\_