



CETL Scholarship of Teaching and Learning (SoTL) Manuscript Completion Program Application

INSTRUCTIONS: Complete this form, then create a single PDF that includes both this application and your SoTL research design (from the Hopscotch 4-SoTL tool).

First Name: _____ Last Name: _____

Department: _____ Email: _____

By signing this form, I acknowledge that I understand the eligibility requirements for this funding program.

I also acknowledge that I understand the \$1250 stipend is subject to receipt of a deliverable in the form of a complete draft of a scholarly manuscript, and that the \$1250 will be added to my summer salary, which is subject to KSU fiscal policies.

Applicant Signature:

Date Signed: _____

Supervisor Name:

Supervisor Signature:

Date Signed: _____