



APPLICATION FORM

Department Grants - Teaching College Introductory Religion Courses

Name of the Workshop Participant: _____

Institution: _____

Department: _____

Chair of Department: _____

Title of Workshop: _____

Amount Requested: _____ Number of books (if any) _____

The Wabash Center will mail to the Department Chair copies of Barbara Walvoord's *Teaching and Learning in College Introductory Courses*, at no cost to the department, outside of the grant budget.

Approximate Date of Workshop: _____

Person Authorized To Sign Contracts:

Name _____

Address _____

Address _____

city, state, zip _____

phone _____ email _____

Financial Contact

(school official responsible for receiving grant checks and providing financial reports).

Name _____

Address _____

Address _____

city, state, zip _____

phone _____ email _____

Signature of Department Chair

Signature of Financial Contact

(date)

(date)

Please attach to this form a 500 to 800 word proposal describing the project (including a budget).

MAIL TO:
Wabash Center
301 West Wabash Avenue
Crawfordsville, IN 47933-0352
1-800-655-7117