**STUDY ABROAD PROGRAM-LEADER IN-TRAINING CRITERIA:**

1. This grant application is limited to full-time faculty members who have never led a Valencia College study abroad program.
2. You must identify the study abroad program that you want to participant in as a mentee and obtain approval from the current study abroad program leader.
3. A maximum of $3,000 will be awarded for program costs. Any additional costs, if applicable, must be paid by the grant recipient.
4. The deadline date to apply for this funding is **October 1** of each year. Late applications may be accepted, but funds may not be available after that date. You do not need to submit the *Request for International Travel Form* in addition to this form.
5. If you are approved, you must attend the *Study Abroad Program Leader Certificate* program.
6. The scholarship recipient is required to submit a report at the end of the program and apply to lead a study abroad program within two years of participation.
7. Once you have received funding to participate in a program, you cannot be funded again for three years.

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| **PERSONAL CONTACT INFORMATION:** | | | | |
| **Complete Name:** |  | | **Campus & Office:** |  |
| **Title:** |  | | **Phone Ext.:** |  |
| **VID:** |  | | **Dean’s Name:** |  |
| **Email:** |  | | **Dean’s Phone Ext.:** |  |
| **REQUESTED STUDY ABROAD PROGRAM INFORMATION:** | | | | |
| **Program Leader/Mentor Name & Ext.:** | |  | | |
| **Study Abroad Program Name:** | |  | | |
| **Program Start and End Dates / Term:** | |  | | |
| **Destination Country and City/Cities:** | |  | | |
| **Total Program Cost:** | |  | | |
| **How will participation in this study abroad program impact your work schedule and obligations?** | |  | | |
| **List three anticipated program outcomes of this study abroad opportunity.** | |  | | |

In 500-words or less: 1) Describe your proposed study abroad program (including course name and prefix); 2) Identify the course learning outcomes; and 3) Discuss how participation as a mentee on the study abroad program identified above will assist in the development of your proposed program.

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**AUTHORIZING SIGNATURES:**

|  |  |  |  |
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| **PROGRAM PARTICIPANT** | | | |
| **Faculty Signature:** |  | **Date:** |  |
| **Dean Signature:** |  | **Date:** |  |
| **Campus President / Vice President Signature:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PROGRAM MENTOR** | | | |
| **Faculty/Mentor Signature:** |  | **Date:** |  |
| **Dean Signature:** |  | **Date:** |  |
| **Campus President / Vice President Signature:** |  | **Date:** |  |

***To be completed by the campus dean of academic affairs:***

**Funding Approval Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (not to exceed $3000 in SAGE funds)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**