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| Florida Atlantic University Division of Research**JUNIOR FACULTY RESEARCH MENTORING PROGRAM****2018-19 Application Form** |
| **DIRECTIONS:** This form is to be completed by the **junior faculty member**, who is responsible for obtaining signatures from the mentor, chair(s) and dean(s). Save the completed, signed form and the other required components (*2-3 page Narrative, Mentee abbreviated CV, and Mentor abbreviated CV*) as a single Adobe PDF document, and submit via email to kscarpinato@fau.eduby 5:00 p.m. on October 8. See program guidelines for specific instructions. |
| **MENTEE INFORMATION** | **Name:** |  | **Title/Rank:** |  |
| **Department:** |  | **College:** |  |
| **Pillar affiliation, if applicable** |  | **Type of affiliation (fellow/associate, etc.)** |  |
| **Email address:** |  | **Phone number:** |  |
| **Years at FAU:** |  | **Tenure decision expected by:** |  |
| **Key words of research interests:** |  |
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| **Potential funding sources: (sponsor, deadline)** |  |
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| As a mentee:* I am committed to working with my mentor for one academic year (fall and spring semesters).
* I will submit a competitive federal grant proposal for a minimum of $200,000 (total direct costs), plus minimum of 15% F&A by the deadline that follows the mentoring period.
* If the proposal is declined, I will revise and resubmit during the next funding cycle.
* I will submit a report to the Division of Research on the outcomes of the mentoring relationship after each semester.
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| **AWARD to Mentee:** The Mentee receives a course release, up to $2,000 ($ goes to department), plus travel funds up to $500 toward a visit with a Program Officer. |
| **Signature of Mentee:** |  | **Date:** |  |
| **Signature of Dept. Chair:** |  | **Date:** |  |
| **Signature of Dean:** |  | **Date:** |  |

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| Florida Atlantic University Division of Research**JUNIOR FACULTY RESEARCH MENTORING PROGRAM****2018-19 Application Form** |
| **DIRECTIONS:** This form is to be completed by the Mentor faculty member, who is also responsible for obtaining signatures from the mentor, chair(s) and dean(s). Save the completed, signed form and the other required components (*2-3 page Narrative, Mentee abbreviated CV, and Mentor abbreviated CV*) as a single Adobe PDF document, and submit via email to kscarpinato@fau.eduby 5:00 p.m. on October 8, 2018. See program guidelines for specific instructions. |
| **MENTOR INFORMATION** | **Mentor Name:** |  | **Title/Rank:** |  |
| **Department:** |  |
| **College:** |  | **Years at FAU:** |  |
| **Email address:** |  | **Phone number:** |  |
| **Qualifications as Research Mentor:** |  |
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| **Experience in Receiving Extramural Funding** |  |
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| As a mentor:* I meet either formally or informally with my mentee once per month for one academic year (fall and spring semesters).
* I will ensure that my mentee works steadily towards submission of a competitive federal grant proposal by the deadline.
* I will provide the guidance and information necessary to support my mentee’s goal of submission of a high-quality proposal.
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| **AWARD to Mentor:** For one academic year of mentoring, the mentor’s department will receive a $1,000 budget transfer from the Division of Research to a department account to support research efforts. A justification of expenditures is required. |
| **Signature of Mentor:** |  | **Date:** |  |
| **Signature of Dept. Chair:** |  | **Date:** |  |
| **Signature of Dean:** |  | **Date:** |  |