

# Instructional Development (ID) Grant Application

Name(s): \_\_\_\_\_

Department(s) or School(s): \_\_\_\_\_

Course(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A) Is this your first ID grant application?  •Yes  •No

B) If your proposal is funded, would you be willing for the Thorpe Center to use it as an exemplary submission in the online Handbook?  •Yes  •No

*Please complete the following checklist by placing a check mark against each item to ensure that your application is complete. Incomplete applications will be returned to the applicant without further consideration.*

- 1. Detailed description (1-2 pages, Times or Times Roman, 12 point)
- 2. Budget Page

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's signature  
*(\*indicates that the requested funds are not available from the department)*

\_\_\_\_\_  
Date

