Think&Achieve
CREATING CONNECTIONS

ThinkAchieve Grants: Enhancing Critical Thinking &
Experiential Learning
Application Form

Primary Applicant Name:_____   Title:_____

Department:_____   School/College: _____
Email: _____   Campus Phone: _____

Co-Applicant Name: _____   Title:_____
Department:_____   School/College:_____
Email:_____   Campus Phone: _____

Attach name and contact information for other grant team members, if applicable

Grant Project Title:_____

Amount Requested (standard limit is $2,000): _____

Course Name, Number, and Section (required): _____

Number of students this project will impact: _____

Project Summary: Describe the proposed project to include the project goal(s), how the project is linked to at least 3 specific ThinkAchieve student learning outcomes, project timeline, who will conduct the activities, and the assessment plan. To be considered for funding, proposals must outline a rigorous assessment plan of student learning that involves critical reflection if experiential learning is involved [attach rubric] or a critical thinking measure such as the Critical Thinking Assessment Test. *Attach the course syllabus to the application.*

Project Summary (continued):

Note: Applications involving experiential learning in a course or course section will automatically be considered for the Experiential Learning Designation.

Budget:

Provide an itemized budget (specific budget items, amount, and justification). *A proposal without an itemized budget will not be considered.*

Primary Applicant Signature and Department Head Signature with Comments:

_____

Primary Applicant's Signature   Date

_____

Department Head Signature   Date

Department Head Comments: (It is **required** to note how this project aligns with the faculty EDO or staff/adjunct faculty evaluation process)