

**SESWPS FACULTY GRANT DEVELOPMENT SUPPORT**

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**INITIAL REQUEST FOR GRANT SUPPORT**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Area of specialty: \_\_\_\_\_

Area(s) of interest for grant proposals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What types of proposals are you interested in submitting?

\_\_\_\_ Partnership in a school district

\_\_\_\_ Program

\_\_\_\_ Research

Do you already have ideas for a particular project? \_\_\_ Yes \_\_\_ No If so, please either briefly

describe your idea or submit a concept paper with this form.

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