# College of Business Application for Scholarship Incentive Program (SIP)
# Faculty Development Funds

Faculty Name(s)_____EKU ID #_____    Program_____

_____          _____          _____

_____          _____          _____

## Criteria for Participating in the Scholarship Incentive Program (SIP)

1. Publication of peer-reviewed articles or case studies in recognized journals (e.g., program journal listings) that are available for public scrutiny and relate to a faculty member's area of instruction. *(See Program Journal Listings, Business Programs Research Policy, and Scholarship Programs.)*

2. Publication is in accordance with Business Program Research Policy, i.e.:
   - passion for his/her discipline
   - knowledge in his/her field reviewed by peers
   - increased emphasis on integration, application, or dissemination of established knowledge
   - peer reviewable manuscript related to faculty's area of instruction.

3. Submit a written request (this application form) to the Dean of the College via the Chair of the Faculty.

4. Provide two copies of the qualifying publication to the Department Chair with application form. Chair will forward one copy to the Dean along with the recommendation and application.

5. Dean shall notify the faculty member and Chair in writing (or by signing and returning the application form to the applicant).

6. All faculty development expenditures under the SIP plan must be approved by the Chair and the Dean.

7. Amounts:

   | | |
   |---|---|
   | $1,200 within one fiscal year | - Maximum (July 1 – June 30) |
   | $600/person | -Per article or case —one College of Business Faculty Member |
   | $300/person | -Per article or case co-authored by two EKU Business Faculty |
   | $200/person | -Per article or case co-authored by three EKU Business Faculty |

## APA Reference of Manuscript

**Last, F. M., (year). Title of article, case, chapter, or other contribution. *Journal Name*, *volume*(issue), p-p.**

_____

_____

Listed in Program Journal Listing?  ___yes        ___no
If not, please provide other information or documentation regarding the quality of the publication and follow up with your program in accordance with the approved process for adding journals to the program journal listing.

Signed_____        Date_____

_____        _____

_____        _____
(Faculty Members)

(Lower portion of form to be completed by Dean and Chair)

__Recommend approval                    Chair _____        Date_____
__Do not recommend approval (state reason)


__Recommend approval                    Dean_____        Date_____
__Do not recommend approval (state reason)


Amount Approved: $_____        ____Copy to Associate Dean CoB