

**Application Form
Fund for the Scholarship of Engagement**

Date of Application: _____

Name of Calvin Faculty: _____

Department: _____

Phone: _____ **Email Address:** _____

Name of Community partner: _____

Address: _____

Phone: _____ **Email Address:** _____

Proposed Date of Implementation: _____

Title of Project: _____

Budget: _____

Brief description of your project or purpose:

Describe how this project will enhance the scholarship of engagement at Calvin College:

Describe the nature of your partnership, specific plans for this project, and who is responsible for what activities:

What are the specific learning goals related to this project?

How will you know you have reached your goals?

How will this project be available to a wider group?

How will this project be sustained in the future?

Signatures:

Faculty Member

Community Partner