

SAPD 1 - Funding Application Form

PERSONAL INFORMATION

Name of Applicant _____

Current Texas Tech

Position/Rank _____

Number of years in current position _____ Number of years at Texas Tech _____

Department _____ R# _____

E-mail Address _____

Phone Number _____

ACKNOWLEDGMENT

By submitting this application, I confirm I meet all the eligibility requirements stated above and will abide by the criteria and requirements outlined. If I fail to meet the agreed upon terms, and it is determined that I did not make a good faith effort to comply, I will be responsible for the return of full amount awarded.

Print Name: _____ Date: _____

Signature: _____