Artistic Project: ____________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Name of Faculty Nominee: _____________________________ Rank: _______________________

Department Name: ___________________________ Department Address ______________________

Nominee’s E-Mail Address: ___________________________ Nominee’s Phone: ___________________

Category: (One category must be checked)

☐ Visual Arts
☐ Literary Arts
☐ Performing Arts
☐ Arts Education

Years at WSU: _________________ Years in Current Rank: _________________

Previous WSU Awards Received: __________________________________________

Year: _________________

________________________________________

Year: _________________

________________________________________

Year: _________________

Supported by:

(Department Chair’s Signature)  Typed Name of Department Chair  E-Mail Address
Budget:

1. Nominee’s 9-month salary: ____________________

2. Fringe Benefits: ____________________

3. Estimated instructional replacement costs: ____________________