



University of Wyoming Center on Aging (WyCOA) Faculty Development in Aging Mini-Grants **APPLICATION**

Return to wycoa@uwyo.edu or UW/WyCOA, 1000 E University Ave., Dept 3415. Laramie, WY 82071

**Additional pages may be used as necessary*

Contact Information – Please type or print legibly.

Full Name, Credentials(s):

UW Department/Affiliation:

Email:

Dollar Amount Requested (Up to \$3000):

Funds Will Be Used to (describe faculty development activity):

At this time, I plan to use the training listed above to (check all that apply):

- ☐ Incorporate geriatrics into an existing course. Course Name:
- ☐ Create a geriatrics education module.
- ☐ Create a geriatrics training workshop.
- ☐ Create a geriatrics didactic course.
- ☐ Create a geriatrics experiential course/clinical experience.
- ☐ Contribute to the development of the *Minor in Aging*
- ☐ Contribute to the development of a *Certificate in Gerontology*
- ☐ Other (please describe):

I will use requested funds by: (Date) _____



University of Wyoming Center on Aging (WyCOA)
Faculty Development in Aging Mini-Grants
APPLICATION

Return to wycOA@uwyo.edu or UW/WyCOA, 1000 E University Ave., Dept 3415. Laramie, WY 82071

1. Briefly describe your interest in geriatrics and how these funds will be used to enhance your teaching (include plan for giving back to or engage with the College of Health Sciences).
2. Please be sure to tell us how you defined and measured success for the funded project or program (i.e. How many students will you reach with new information as a result.) We are particularly interested in any changes in skills, knowledge, mindsets, behaviors and/or circumstances, for example using an evaluation of the new activity and information, outcomes of classroom discussion, etc.
 - a. If applicable:
 - i. Course Name:
 - ii. Number of students reached:
 - iii. Number of faculty impacted:
3. Please provide as detailed a budget as possible (including itemized breakdown and total) that shows how the money will be used.
4. Please attach a support letter from unit head/supervisor indicating their support for the activity and that time will be allowed for you to complete your training/project.