

# Application for Scholarship Incentive Program

Name \_\_\_\_\_ Department \_\_\_\_\_

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

1. Publication of peer-reviewed articles or case studies in recognized journals (e.g., peer-reviewed journals listed in a *Cabell's Directory*) that are available for public scrutiny and that relate to a faculty member's area of instruction.
2. Publication is in accordance with Business Program Research Policy (10-12-99), 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 (application form) to the dean via the department chair.
4. Provide two copies of the qualifying publication to the department chair. Chair will forward one copy to the dean along with the recommendation.
5. Dean shall notify the faculty member in writing (or by the signing and returning the application form to the applicant).
6. All expenditures under the SIP plan must be approved by the faculty member's chair and the dean.
7. Amounts:

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

### Title of manuscript (article, case, etc.):

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### Name of publication (volume, date, etc):

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Listed in Cabell's Directory?  yes  no (if so, please attach relevant page in Cabell's)  
If not, please provide other information or documentation regarding the quality of the publication.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Faculty Member)

(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: \$ \_\_\_\_\_