

**DARREL BIGHAM HISTORIC SOUTHERN INDIANA FACULTY
ENGAGEMENT FELLOWSHIP
(Application Cover Page)**

Name _____

Professorial Rank _____

Year of Initial Appointment _____ Year of Tenure-track Appointment _____

Department _____ Phone _____ Email _____

Project Title: _____

Agreement:

If awarded a Darrel Bigham Historic Southern Indiana Faculty Engagement Fellowship, I agree to these conditions:

1. By October 1, <following year>, I will file with Historic Southern Indiana and the Office of Sponsored Research a report detailing outcomes of the work performed.
2. Any publication resulting from the research funded by this grant shall include an acknowledgment of Historic Southern Indiana as the source of support.

Applicant Signature

Date

College Dean's Signature

Date