

ST. CLOUD STATE UNIVERSITY
Office of the Provost & Vice President for Academic Affairs
2025-2026 MILLER SCHOLAR AWARD
Application Checklist

Name of applicant:

Applications will comprise the following components:

(For complete descriptions of each component, please see the Guidelines)

A Cover page

A Reflective narrative (maximum of 5 pages, 10-12 pt font, single-spaced, sensible margins) that highlights the applicant's and/or teams' teaching approach/es, areas of excellence, demonstrated successes, and how these will help them implement the proposed project. Criteria on the evaluation rubric are included.

Letters of support from two peers, students, and/or alums, discussing applicant/team qualifications, and capacity to complete the proposed project.

Letter from the Dean of the lead applicant's college/school supporting the project proposal indicating alignment with department, program, college/school and university priorities.

Signature Sheet with approvals and support from department or program and Dean.

Miller Scholars Project Proposal

The proposal must include:

Short abstract/overview (100 words or less) of the project

Project aligns with faculty's professional development goals

Specifies how the project will benefit student learning

Activities/timeline

Names of internal or external associates

Assessment Plan

Potential for obtaining external funding and/or previous funds received for the project

Project Budget (The budget must specify funds to make the project outcomes public.)

Other documents in support of the above (optional).

ST. CLOUD STATE UNIVERSITY
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Affairs 2025-2026 MILLER SCHOLAR AWARD

Cover Page

Name of applicant:

Email Address:

Position: (Check one):

Probationary

Tenured, not fully promoted

Tenured and fully promoted

Permanent, non-tenured

Department

College/School

Collaborator #1 (Name):

Name(s) of Project Collaborators. (Use additional sheets for more collaborators.)

Position: (Check one):

Probationary

Tenured, not fully promoted

Tenured and fully promoted

Permanent, non-tenured

Instructional Staff (Add professional title)

Student (Add Course affiliation)

Other (Add title)

Department:

College/School:

Address:

Email Address:

Collaborator #2 (Name):

Position: (Check one):

Probationary

Tenured, not fully promoted

Tenured and fully promoted

Permanent, non-tenured

Instructional Staff (Add professional title)

Student (Add Course affiliation)

Other (Add title)

Department:

College/School:

Address:

Email Address:

ST. CLOUD STATE UNIVERSITY
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2024-2025 MILLER SCHOLAR AWARD
Signature Page

Applicant Signature

If I am selected as a St. Cloud State University Miller Scholar, I agree to complete the Miller Scholars Project I have proposed and share the results of my project with members of the campus and external communities.

Applicant's Signature

Date

Name

Department Chair/Director Signature

I endorse the above faculty member's application for the Miller Scholar Award and will support the implementation of the related project.

Signature of Applicant's Department Chair/Director

Date

Name

Dean/Supervisor Signature

I endorse the above faculty member's application for the Miller Scholar Award and will support the implementation of the related project.

Signature of Applicant's Dean/Supervisor

Date

Name