



**Application Form: NCFDD Faculty Success Program (FSP)**

**Name:**

**Department/Program:**

**Email:**

**School/College/Center:**

**Current Rank:**

**Time in Current Rank:**

**Years at Brockport:**

**Please complete this application in the space provided (no more than 3 pages total).**

**1. What do you hope to gain from participating in the program?**

**2. How does the above align with your professional goals?**

- 3. Please describe how you believe your participation will benefit your department and college community, particularly with respect to fostering a climate that advances diversity, equity, and inclusion.**

**4. Please describe how you believe your participation will contribute to the strategic goals of the college.**