

UNIVERSITY OF CALIFORNIA, RIVERSIDE
HELLMAN FELLOWSHIP APPLICATION FORM 2017-2018

APPLICATION COVER SHEET

Instructions: Complete this four page Application cover sheet and include the additional attachments as described in the [Hellman Application and Review Process](#) document. Completed Hellman packets should be routed using the Due Dates table at the bottom of this page. Electronic Signatures are accepted.

SUMMARY INFORMATION

Faculty Applicant:

Department:

Title of Proposal:

Proposed Budget Amount:

SIGNATURES

Department Chair: Date:

Dean: Date:

PROPOSAL CHECK LIST

- ☐ Application Form
- ☐ CV including a current bibliography of your published work
- ☐ Project Description (Four pages maximum refer to Application Process, #1.b)
- ☐ Budget Page (Refer to Application Process, #1.c)
- ☐ Department Chair's Statement of Support (Refer to Application Process, #2)

DUE DATES - Completed Hellman Applications must be received in the APO office by **Tuesday, May 2, 2017.**

Date	Who	Action
Wednesday, April 12, 2017	Eligible Applicant	Submits electronic application to Department Chair and Academic Personnel (apwebmaster@ucr.edu) by this date.
Wednesday, April 26, 2017	Department Chair	Reviews application, attaches a one page Statement of Support, signs cover sheet & forwards to Dean's Office and apwebmaster@ucr.edu by this date.
Tuesday, May 2, 2017	Dean	Reviews application, attaches signature, and electronically submits to VP for Academic Personnel via apwebmaster@ucr.edu by this date.
Thursday, May 4, 2017	VPAP	Refers applications to Hellman Review Panel.
Wednesday, May 31, 2017	VPAP	2017-2018 Hellman Fellowships announced.
Saturday, July 1, 2017	Hellman Fellows	Hellman Fellowship begins.

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HELLMAN FELLOWSHIP APPLICATION FORM 2017-2018

GENERAL INFORMATION

Faculty Applicant:	<input type="text"/>
Campus Address:	<input type="text"/>
Email Address:	<input type="text"/>
Phone:	<input type="text"/>
Department:	<input type="text"/>
School/College:	<input type="text"/>
Current Rank/Step	<input type="text"/>
UCR Hire Date:	<input type="text"/>
Rank and Step at time of initial appointment	<input type="text"/>
Prior Institution as an Assistant Professor, if any and dates of service	<input type="text"/>

CERTIFICATION

I certify by my signature below that I will **NOT** be applying for tenure in 2017-2018.

Applicant Signature:	<input type="text"/>	Date:	<input type="text"/>
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APPLICATION FORM

FUNDING

List all funding (i.e., grants, fellowships, etc.) that has supported your research/creative activity at UC Riverside, including both internal and external sources. For each award, provide the following information: Title of Project; Funding Source; Amount; Start Date/Duration.

1.	3.
Title of Project: <input type="text"/>	Title of Project: <input type="text"/>
Funding Source: <input type="text"/>	Funding Source: <input type="text"/>
Amount: <input type="text"/>	Amount: <input type="text"/>
Start Date/Duration <input type="text"/>	Start Date/Duration <input type="text"/>
2.	4.
Title of Project: <input type="text"/>	Title of Project: <input type="text"/>
Funding Source: <input type="text"/>	Funding Source: <input type="text"/>
Amount: <input type="text"/>	Amount: <input type="text"/>
Start Date/Duration <input type="text"/>	Start Date/Duration <input type="text"/>

List any grants or fellowships for which you have applied for the 2017-2018 academic year (i.e. pending). For each award, provide the following information: Title of Project; Funding Source; Amount; Start Date/Duration.

1.	3.
Title of Project: <input type="text"/>	Title of Project: <input type="text"/>
Funding Source: <input type="text"/>	Funding Source: <input type="text"/>
Amount: <input type="text"/>	Amount: <input type="text"/>
Start Date/Duration <input type="text"/>	Start Date/Duration <input type="text"/>
2.	4.
Title of Project: <input type="text"/>	Title of Project: <input type="text"/>
Funding Source: <input type="text"/>	Funding Source: <input type="text"/>
Amount: <input type="text"/>	Amount: <input type="text"/>
Start Date/Duration <input type="text"/>	Start Date/Duration <input type="text"/>

List any non-monetary awards/commendations/recognition you have received for your research:

1:	<input type="text"/>
2:	<input type="text"/>
3:	<input type="text"/>

APPLICATION FORM

TITLE

Title of
Research
Proposal:

ABSTRACT

Describe (200 word limit) the research of proposal, its importance/relevance, and the amount of funding requested.