APPLICATION COVER SHEET

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

<u>Please note:</u> faculty who are eligible will be notified and sent an invitation to apply by the central Academic Personnel Office. If you were not sent an invitation and you believe you are eligible, please contact the central Academic Personnel Office at apwebmaster@ucr.edu. You must receive an invitation in order to apply.

SUMMARY INFORMA	<u>ATION</u>			
Faculty Applicant:				
Donartment:				
Department:				
Title of Proposal:				
Proposed Budget Am	nount:			
<u>SIGNATURES</u>				
Department Chair:			Date:	
Dean:			Date:	
PROPOSAL CHECK LIS	<u>ST</u>			
Application I	From			
CV including	g a current bibliography	of your published work		
Project Desc	cription (Four pages ma	eximum refer to Application Process, #1.b)		
_ ,	e (Refer to Application F	,		
	`	upport (Refer to Application Process, #2)		
		,		
DUE DATES - Comple Date	Who	ions must be received in the APO office b	y Wednesday, April 2 , 20	
Friday, April H, 20G€AW		Submits electronic application to Department		
Friday, April 1Ï , 20 G €	Department Chair	Personnel (apwebmaster@ucr.edu) by this date. Reviews application, attaches one page statement of support, signs cover sheet and forwards to Dean's Office and Academic Personal (apwebmaster@ucr.edu) by this date.		
Vednesday, April 2&, 20		Üeviews application, attaches signature, an VP for Academic Personnel via (<u>apwebmas</u>	ster@ucr.edu) by this date.	
Monday, Tæ̂ÆF, 20Œ ∰XPAP∰XPAP∰WWWWWWÜJefers applications to Hellman Review Panel.				
⁄londay, June 1Í , 20 G €	G€ VPAP AWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW			

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Y ^å} ^∙åæ̂ , July 1, 20Œ ÆÆPellman Fellows ⊟Hellman Fellowship begins.

GENERAL INFORMATION

Faculty Applicant:	
Campus Address:	
Email Address:	
Phone:	
Department:	
School/College:	
Current Rank/Step	
UCR Hire Date:	
Rank and Step at time	initial appointment
Prior Institution as an A	sistant Professor, if any and dates of service
CERTIFICATION	
I certify by my signatu	re below that I will NOT be applying for tenure in 2020-2021.
Applicant Signature:	Date:

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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: Full Title of Project; Funding Source; Amount; Start Date/Duration; Select if PI or Co PI.

1.	3.			
PI:	PI:			
Title of Project:	Title of Project:			
Amount: Funding Source:	Amount: Funding Source:			
Start Date/Duration	Start Date/Duration			
2.	4.			
PI:	PI:			
Title of Project:	Title of Project:			
Amount: Funding Source:	Amount: Funding Source:			
Start Date/Duration	Start Date/Duration			
List any grants or fellowships for which you have applied for the 20 -202 academic year (i.e. pending). For each award, provide the following information: Full Title of Project; Funding Source; Amount; Start Date/Duration. Select if PI or Co PI.				
1.	3.			
PI:	PI:			
Title of Project:	Title of Project:			
Amount: Funding Source:	Amount: Funding Source:			
Start Date/Duration	Start Date/Duration			
2.	4.			
PI:	PI:			
Title of Project:	Title of Project:			
Amount: Funding Source:	Amount: Funding Source:			
Start Date/Duration	Start Date/Duration			

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List any non-monetary awards/commendations/recognition you have received for your research: 1: 2: 3: List all proposals that have been submitted but not awarded since appointment at UCR. For each proposal, provide the following information: Full Title of Project; Funding Source; Amount; Start Date/Duration; Select if PI or Co PI. 1. 4. PI: Co PI: PI: Co PI: Title of Project: Title of Project: Amount: Funding Source: Amount: **Funding Source:** Start Date/Duration Start Date/Duration 2. 5. PI: Co PI: PI: Co PI: Title of Project: Title of Project: Funding Source: Amount: Amount: Funding Source: Start Date/Duration Start Date/Duration 3. 6. Co PI: PI: Co PI: PI: Title of Project: Title of Project: Amount: Funding Source: Amount: Funding Source: Start Date/Duration Start Date/Duration

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APPLICATION FORM

TITLE	
Title of Research Proposal:	
ABSTRACT	
Describe (200 requested.) word limit) the research of proposal, its importance/relevance, and the amount of funding

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