**Lemann Center Research Grants for U of I Faculty**

[**https://lemann.illinois.edu/faculty-research-grants**](https://lemann.illinois.edu/faculty-research-grants)

# FACULTY RESEARCH GRANTS COVER SHEET

## APPLICATION REQUIREMENTS CHECKLIST

* *Project Title*
* *Project Abstract (200 words)*
* *Project Proposal (1,000 words, double-spaced)*
* *A detailed budget*
* *Application Cover Sheet*
* *Brief CV (1-2 pages)*
* *An itinerary for any travel*
* *A list of previous awards for the project, the dates of the awards, and any publications that have resulted from such awards*

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| **FACULTY INFORMATION** |  |
| UIN | LAST NAME | FIRST NAME | MIDDLE NAME |
| GENDER□ MALE □ FEMALE | DATE OF BIRTH | CITIZENSHIP□ US CITIZEN □ PERM RESIDENT □ NON-RESIDENT ALIEN |
| MAILING ADDRESS |
| EMAIL ADDRESS | SEMESTER(S)□ AY □ SPRING/SUMMER □ SUMMER □ SPRING |
| DEPARTMENT | PROGRAM CODE (AVAILABLE FROM DEPT) |
| PORTUGUESE PROFICIENCY □ ELEMENTARY □ PROFESSIONAL WORKING PROFICIENCY □NATIVE / BILINGUAL PROFICIENCY □ OTHERS, PLEASE SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PROJECT TITLE |
| TOTAL REQUESTED BUDGET AMOUNT  |
| STUDENT INFORMATION (NAME AND EMAIL, IF APPLICABLE) |
| **BRAZIL COLLABORATOR INFORMATION** |
|  LAST NAME |  FIRST NAME |  MIDDLE NAME |
|  EMAIL ADDRESS |  UNIVERSITY |  DEPARTMENT |
|  OTHER COLLABORATOR INFORMATION (NAME, EMAIL, UNIVERSITY, DEPARTMENT; IF APPLICABLE) |