**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) | | | | | |