

Hellman Fellowship Program

2017 Application

INSTRUCTIONS: Please provide the information requested below, along with the following attachments: (i) Project Proposal, (ii) Project Budget; and (iii) Abbreviated CV. All information should be submitted as follows:

Submit according to internal school deadlines/instructions

Fellowship Applicant: Submit completed application to Department Chair.
Department Chairs: Review application, and route to Dean.

Wednesday, April 5, 2017

Deans: Complete application review/email to jiwon@uci.edu by 5pm.

2017 Hellman Fellows will be announced in June, and funding will begin on July 1, 2017.

Name: _____ Home Dept/School: _____
 E-mail: _____ *If you have a joint appt. or multiple affiliations, please indicate which unit would administer the award*
 Campus Extension: _____ Campus Address: _____

Assistant Professor Appointment Information

Initial Date of Appointment: _____ Initial Step: _____
 Expected Academic Year for Tenure Review: _____ Current Step: _____

Current and Prior Awards and Grants

List all current or prior awards administered by UCI that may be categorized as a "Young Investigator Award" (e.g., NSF ADVANCE, NIH PECASE, ONR YIP, etc.). Please indicate those which have extramural funding (e.g., NIH, NSF, ACLS) and those which are funded by the University of California (e.g., Regents' Junior Faculty Fund, Chancellor's Award, etc.): *

Project Title	Funding Agency	Amount	Duration

List any other grants for which you have applied for and expect to receive in the 2017-18 academic year. Of these, indicate which, if any, will support the same project for which you are requesting a Hellman Fellowship. *

Project Title	Funding Agency	Amount	Will this support the same project?
			Yes <input type="checkbox"/>
			Yes <input type="checkbox"/>
			Yes <input type="checkbox"/>
			Yes <input type="checkbox"/>
			Yes <input type="checkbox"/>
			Yes <input type="checkbox"/>

*If there is insufficient space in the above tables to list all of your awards and grants, please include the complete list on a separate sheet.

Hellman Fellowship Request

Title of Proposed Hellman Project: _____
 Dollar Amount Requested: _____

Hellman Fellowship Program

2017 Application (continued)

This section will auto-populate from what you entered on page 1

Required Documents

Your proposal is not complete if any of the three (3) attachments listed below are missing.

Make sure that your name, department, and contact information appear on all of your attachments:

1. **Project Description/Proposal.** A clear and concise description of the nature of your research project and its significance. Include a project title. **This description should be understandable by others who are not experts in your field, and explain how it will advance your research.** (maximum length - 3 pages)
2. **Budget.** A one-page budget showing how the award will be used. Overhead does not have to be reflected. When developing budgets for personnel, costs of benefits and fees, as well as salaries must be included. If applicable, the relationship of the proposed Hellman-funded activities to ongoing research funded from other sources must be explained. (maximum length - 1 page)
3. **Abbreviated CV.** (maximum length - 5 pages)

Applicant Certification

By signing below, I am affirming that (i) the information contained in this application is true and correct; (ii) if awarded a Hellman Fellowship, funds will be used as set forth in this application; and (iii) I am not currently under consideration for tenure, nor do I plan to submit a file for tenure consideration in the 2017-18 Academic Year.

Applicant's Signature _____

Date _____

Print Name _____

Department Review

By signing below, I am affirming that I have reviewed the attached materials and support this application for funding through the Hellman Fellows program.

Chair's Signature _____

Date _____

Print Name _____

School Review

By signing below, I am affirming that I have reviewed the attached materials, and support this application for funding through the Hellman Fellows program.

Dean's Signature _____

Date _____

Print Name _____

If you have any questions, please contact Jiwon Kim at jiwon@uci.edu, or via campus extension 48923