

APPLICATION NO: _____
(for URA use only):

COVER SHEET URA VISITING SCHOLARS PROGRAM APPLICATION
All parts of this form MUST be filled out

APPLICANT INFORMATION
Name (*Last, First, MI*): _____
Title/Status: _____

Home Institution: _____ Department: _____
Address: _____ Tel. No. _____
_____ Email: _____

CO-APPLICANTS
Name: _____ Name: _____
Title/Status: _____ Title/Status: _____
Home Institution: _____ Home Institution: _____
Email: _____ Email: _____

TITLE OF PROPOSED ACTIVITY (*brief description*)

NAME OF FERMILAB SPONSOR: _____
Fermilab Division: _____ Email: _____

SOURCES OF SUPPORT
Amount Requested: \$ _____ Duration (*months*): _____ Requested Start Date: _____
Other sources of support for proposed work: _____

Prior URA Visiting Scholar Award, if any (*month & year*): _____
Sponsor: _____

GRANTS OR SPONSORED RESEARCH OFFICER (*in applicant's home institution*):
Name: _____ Tel. No. _____
Address: _____ Email: _____

Signature: _____

Date: _____