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:** _____