

INSTITUTIONAL PROPOSAL SUMMARY COVER SHEET

FULBRIGHT EUROPEAN UNION SCHOLAR-IN-RESIDENCE PROGRAM, 2010–2011

Proposals are due by close of business on October 15, 2009.

In addition to submitting your proposal by regular mail, we encourage you to also send an electronic copy to kwatts@cies.iie.org.

1. U.S. institution and responsible administrative official: *(The responsible administrative official is the person who will confirm the institutional support and authorize the scholar's affiliation if an SIR grant is awarded to the institution. For joint proposals, provide this information for each institution.)*

Name of Institution _____

Responsible Administrative Official

Name and Position (indicate Dr./Mr./Ms. etc.) _____

Office/Department _____

Address/City/State _____

Telephone _____ Fax _____ E-mail _____

By my signature, I confirm the institutional support and authorize the submission of this proposal.

Signature _____ Date _____

If this is a joint proposal, provide the following information for the second institution.

Name of Institution _____

Responsible Administrative Official

Name and Position (indicate Dr./Mr./Ms. etc.) _____

Office/Department _____

Address/City/State _____

Telephone _____ Fax _____ E-mail _____

By my signature, I confirm the institutional support and authorize the submission of this proposal.

Signature _____ Date _____

2. Nearest commercial airport _____

3. Proposed project dates (must fall within 2009-10 academic year, but may begin two weeks before the start of the term) _____

Academic term start date: From: / / (mo/day/year) to: / / (mo/day/year)

4. Financial support: List total support the institution proposes to provide scholar.

a. \$ _____ Salary supplement for the duration of affiliation period listed above

b. \$ _____ In-kind support (housing, meals, car, travel to professional meetings, etc. List each item and estimate the value. Do not include office, library access, secretarial support, computer, books or medical insurance.)

5. Institution's approximate salary ranges

Professor \$ _____ Associate professor \$ _____ Assistant professor \$ _____ Instructor \$ _____

6. Principal contact for academic arrangements:

Name and Position (indicate Dr./Mr./Ms.) _____
Department/School/College _____
Institution _____
Address _____
Telephone _____ Fax _____ E-mail Address _____

If this is a joint proposal, provide the following information for the second institution.

Principal contact for academic arrangements:

Name and Position (indicate Dr./Mr./Ms.) _____
Department/School/College _____
Institution _____
Address _____
Telephone _____ Fax _____ E-mail Address _____

7. Scholar Information (*Complete one column only.*)

If Scholar Is Named:

List the scholar(s) in order of priority, whom you would like to name for this proposal, their academic disciplines, and country of nationality:

Name _____
Discipline _____
Country _____
Name _____
Discipline _____
Country _____

If Scholar Is To Be Recruited:

List up to two countries within the European Union in order of priority:

1. _____
2. _____
Preferred academic discipline/field *in order of priority*:
1. _____
2. _____

8. List any previous **Fulbright European Union Scholar-in-Residence Program** awards your institution has received since 2005.

Year of previous EU SIR award _____ Scholar's country of citizenship _____
Year of previous EU SIR award _____ Scholar's country of citizenship _____

9. In the space below, write a 50-word summary of your proposal for use by Fulbright review committee and Fulbright Commission:

Fulbright European Union Scholar-in-Residence Program

Council for International Exchange of Scholars
3007 Tilden Street, NW, Suite 5L
Washington, DC 20008-3009

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Fulbright European Union Scholar-in-Residence Program, 2010-2011

	Pages
Part I	
Institutional Profile (Not to exceed three, double-spaced pages using font size 11 for institutions applying alone or five, double-spaced pages for joint proposals)	
A. Information About Institution	_____
B. Institution's current and previous experience with international or area studies programs	_____
Part II-IV	
<i>(Not to exceed 12, double-spaced pages using font size 11 for institutions applying alone or 18, double-spaced pages for joint proposals)</i>	
Part II	
Proposed Program	
(A) Oversight.....	_____
(B) Academic Program of Scholar	_____
(C) Plans for Other Campus Activities.....	_____
(D) Community Outreach	_____
(E) Professional Enrichment.....	_____
(F) Sustainability	_____
(G) Duration of Grant	_____
Part III	
The Scholar	_____
Part IV	
Grant Benefits and Cost-Sharing	_____
Part V	
Attachments	_____
(A) For institutions naming scholars, attach completed Information on Requested Scholar for each scholar (primary and alternate/s) and include curriculum vitae for each scholar	_____
(B) Letters of interest in sharing the scholar from other departments, administrators, institutions, consortium members (if applicable) and community organizations	_____

INFORMATION ON NAMED SCHOLAR

Name and title (*indicate Dr./Mr./Ms.*) _____

Gender: Male _____ Female _____ Marital status: Single _____ Married _____

Position title _____

Department and/or division _____ Telephone _____

Institution _____ City _____

Home address _____ Telephone _____

City and Country _____ E-mail _____

Place of birth (*city and country*) _____

Date of birth (*month/day/year*) _____

Country of citizenship (*and/or permanent residence*) _____

Number of dependents who will probably accompany scholar _____

Academic and professional qualifications (*include highest degree and attach curriculum vitae, if available*)

If the candidate previously taught, studied or undertook research in the United States, please give dates, institutions and purpose.

If scholar was a Fulbright lecturer or research grantee, please indicate year and host institution.

English language competency: Limited _____ Good _____ Fluent _____

Is the candidate available for this appointment, if selected? Yes _____ No _____

Please indicate how your institution knows this scholar. Additional comments welcome:

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