APPLICATION COVER SHEET
MSU LILLY TEACHING FELLOWS PROGRAM 2016-2017

You may download this form at:

APPLICANT NAME

Academic Rank

Title

College(s)

Department(s)

Employment Date

E-Mail

Lilly Project Faculty Mentor

Signature

Academic Rank/Title

College/Department

E-Mail

TEACHING PROJECT TITLE

___________________________________________________

DEPARTMENT/SCHOOL CHAIR/DIRECTOR(S) (If the applicant has a joint appointment, all chairs should endorse the application below.)

I understand that by signing, my department is willing and able to contribute matching funds of up to $7000 in support for the Lilly Fellow.

Name of Chair(s)/Director(s)

___________________________________________________

Signature(s)

___________________________________________________

Title(s)

___________________________________________________

(continued)
College(s)/Department(s)
________________________________________    _________________________________________

LEAD COLLEGE DEAN (please type name)______________________________________________

(Signature of endorsement)____________________________________________________________

NAMES OF THOSE WRITING LETTERS OF SUPPORT OTHER THAN PROJECT MENTOR

1. Supervisor: ________________________________________________________________________
   (one letter must be from chair/director/division head or dean)

2. ________________________________________________________________________________

3. ________________________________________________________________________________

Candidates must upload all materials by Thursday, January 21, 2016 at 11:59 p.m. at:
http://fod.msu.edu/lilly/application-16-17
Use of Lilly Funds-Planning Budget*

Release Time
☐ Course release
☐ Clinical Release time
☐ Other, please specify: __________________________

Projected Subtotal ______

Assistants
☐ Hourly research assistant for data collection and data entry
☐ Grader or coder to assist with the project or to assist with work in other courses to free up time
☐ Postdoctoral scientist to assist in managing the Fellow’s laboratory and/or assisting with the preparation of research grants
☐ Undergraduate Student Assistant - for collating data and other tasks
☐ Cost of part of a TA’s time to assist with the teaching project. The TA will free-up the Fellow’s time to engage fully in the Lilly experience, both by assisting with the research project, and/or by dealing with the day-to-day technical aspects of, for example, a laboratory or studio course.
☐ Other, please specify: __________________________

Projected Subtotal ______

Resources/Materials/Technology
☐ Technology (video camera and/or tripod, software/hardware for video transfer to QuickTime files, clickers/class sets of personal response systems, flip cams)
☐ Statistical software
☐ Books, DVDs, and videos and other media related to the project
☐ Laptop computer to be used to teach the computer-based parts of the course and to conduct the research project
☐ Equipment used as part of the project
☐ Other, please specify: __________________________

Projected Subtotal ______

Travel
☐ Travel, expenses, and registration to attend conferences on teaching in the disciplines and/or to present findings of the project on teaching
☐ Travel as part of the Lilly Project**, e.g., Meeting with international collaborators to plan an international educational experience, etc.

**Funds can be used to present the Lilly Project at a conference the year following the fellowship pending approval from the chair/director and/or dean to carry these funds forward.
☐ Other, please specify: __________________________

Projected Subtotal ______

(This should total approximately $14,000) Projected Total ______

*Please fill in the amounts you think you will need to allocate for each category and check off the appropriate box. If you do not need a category, enter a 0. This is only a tentative budget and may be changed once the project design is finalized. It should reflect a discussion and collaborative agreement between the Lilly Fellowship Applicant and her/his Supervisor.

Signed:
Lilly Fellow Applicant: __________________________ Date:__________

Lead Supervisor: __________________________ Date:__________