### Personnel Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Department:</th>
<th><strong>For Office Use Only</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Date received: __________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>By: ____________________</td>
</tr>
</tbody>
</table>

**Rank:**  
( ) Professor  
( ) Associate Professor  
( ) Assistant Professor  
( ) Instructor or Lecturer  
( ) Other

**Status:**  
( ) Tenured  
( ) Tenure-track  
( ) Visiting/Temporary  
( ) Research Staff/Adjunct  
( ) N/A

### Project Information

**Title:**

**Duration:** (include begin and end dates)

**Amount Requested:**

### External Support Information

If you have other commitments or overlapping obligations during the proposed project period, please indicate how your time will be allocated.

### Priority

( ) junior faculty whom an award will assist in becoming competitive for external support  
( ) more experienced faculty entering new areas or reengaging in research

### Previous Internal Award History (please indicate awards received for similar projects in the past 4 years)

<table>
<thead>
<tr>
<th>Publication &amp; Research: Archie Fund:</th>
<th>Year</th>
<th>Amount $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Science Research Fund:</td>
<td>Year</td>
<td>Amount $</td>
</tr>
<tr>
<td>Social Science Research:</td>
<td>Year</td>
<td>Amount $</td>
</tr>
<tr>
<td>Cross-Campus:</td>
<td>Year</td>
<td>Amount $</td>
</tr>
<tr>
<td>Interdisciplinary Innovation &amp;</td>
<td>Year</td>
<td>Amount $</td>
</tr>
<tr>
<td>Entrepreneurship:</td>
<td></td>
<td></td>
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<tr>
<td>Other:</td>
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</tbody>
</table>

**Please use this space to record additional internal awards as needed.**

### For Office use only

Number of previous internal awards/declines ________  
Final report from previous internal awards received ________
**Application Instructions**

Compliance: Does this proposal involve or require:

- [ ] human subjects,
- [ ] animals,
- [ ] biohazards,
- [ ] hazardous chemicals,
- [ ] radioactive materials,
- [ ] imaging services,
- [ ] select agents* / toxins

**IF yes, you must have appropriate committee(s) approval before the project can begin.**

*For the list of select agents see: [http://www1.wfubmc.edu/EHS/Biological+Safety/Select+Agents/Select+Agent+Listing.htm](http://www1.wfubmc.edu/EHS/Biological+Safety/Select+Agents/Select+Agent+Listing.htm)

Complete applications include all the items listed below in the following order:

- [ ] Completed, signed application page
- [ ] Format I: Abstract, Objectives, Background & Significance, Methods
- [ ] Format II: Question or Problem, Research Methods, Timetable
- [ ] References cited
- [ ] Detailed Budget
- [ ] Budget Justification
- [ ] CV, including publications
- [ ] Outcome of previous CEES awards
- [ ] List of WFU Collaborators

**Incomplete applications will not be reviewed**

Please send a completed copy of your Application form and proposal in one file as an attachment to Tiffany White (whitett@wfu.edu) no later than March 20th by 5 P.M.

Please allow several weeks for the review process.

<table>
<thead>
<tr>
<th>Signature of Applicant:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Signature of Department Chair or Equivalent:</strong></td>
<td>Date</td>
</tr>
<tr>
<td>Signature of Co-Applicant:</td>
<td>Date:</td>
</tr>
<tr>
<td><strong>Signature of Department Chair or Equivalent:</strong></td>
<td>Date</td>
</tr>
</tbody>
</table>

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