

Hoppe Research Professor Award
Application Cover Sheet
Applicants submit with proposal materials to Department Chair by
the second Wednesday in October

To Be Completed by Applicant

Name _____ Email _____

Department _____ Phone _____

School/College _____ Campus Box _____

Research/Creative Area Keywords: _____

Title of Project: _____

Award Period: July 1 through June 30 (2 year award)

Research Support:

<i>9 month appointment</i>	<i>12 month appointment</i>
2 course releases academic year (6 credit hours total) for two years (no summer salary)	50% Graduate Assistant for 12 months for two years
25% Graduate Assistant for 9 months each year	\$4,000 per year in support lines
\$1,000 total in support lines	

Applicant Signature

If funded, I agree to submit one or more grant proposals for external funding by the time of the final report. The total value of the proposal(s) will be a minimum of \$15,000.

Signature: _____ Date: _____

Administration Only

Application Checklist (to be completed by School/College Dean)

Please insure that all items below are submitted. Failure to have a complete application packet may result in disqualification of application.

Guidelines and forms at <http://www.siue.edu/funding/internal-funding/hoppe.shtml>

1. **Complete Proposal** from Applicant ☐
(Cover Pages, Project Summary, Narrative, References, External Funding Summary
CV, Appendix [optional])
2. **Department Chair's Letter of Evaluation** ☐
3. **School/College Committee's Proposal Critique Form** ☐
(Assessment by School/College Committee of scholarly potential)
4. **Dean's Letter of Evaluation** ☐
(Assessment of scholarly potential and ongoing contribution to the school/unit)

Signatures of Department Chair, Research Committee Chair, School Dean Required on P. 2 of Cover Sheet

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Administrative Signatures

I agree to provide appropriate course releases for research for this scholar if on a 9 month appointment each year of the two-year appointment of the Hoppe Research Professor Award. I also agree to provide adequate space for the Graduate Assistant who will work with this scholar during the tenure of the award.

I certify that the faculty or staff member has obtained the terminal degree appropriate to the profession and is a tenured or tenure-track faculty member or a staff member with a research appointment and is, therefore, eligible for this program.

Chair Signature: _____ Date: _____

Print Name: _____

Dean's Signature: _____ Date: _____

Print Name: _____

I certify that the School/College Research Committee has reviewed this proposal and provided an assessment of the applicant's scholarly potential according to the Hoppe Program guidelines and selection criteria. This assessment is attached in the Proposal Critique Form submitted by the Committee and certified by the School/College Research Committee Chair, signed below.

School/College Research Committee Chair Signature: _____ Date: _____

Print Name: _____