

**WACH FUND APPLICATION  
UNIVERSITY OF ILLINOIS AT CHICAGO – COLLEGE OF DENTISTRY  
RESEARCH AWARDS COMMITTEE**

<b>Project Title</b>		
<b>Amount Requested</b>	<b>Beginning Date</b>	<b>Ending Date</b>
<b>New Faculty:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(Circle one):</b>	<b>Is a student involved in this work? (Circle One)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Location of Research Activities</b>		

**INVESTIGATORS**

<b>Principal Investigator</b>	<b>Social Security Number</b>	<b>Position Title</b>
<b>Department</b>	<b>Office</b>	<b>Extension</b>

<b>Co-Investigator (1)</b>	<b>Position Title</b>
<b>Department</b>	<b>Office</b>
	<b>Extension</b>

<b>Co-Investigator (2)</b>	<b>Position Title</b>
<b>Department</b>	<b>Office</b>
	<b>Extension</b>

<b>Co-Investigator (3)</b>	<b>Position Title</b>
<b>Department</b>	<b>Office</b>
	<b>Extension</b>

**Human subjects or tissues will be used: IRB Protocol No.** (Attach approval letter)

**Animals will be used** ACC Protocol No. (Attach approval letter)

**SIGNATURES**

<b>Principal Investigator</b>	<b>Date</b>
<b>Co-Investigator (1)</b>	<b>Date</b>
<b>Co-Investigator (2)</b>	<b>Date</b>
<b>Co-Investigator (3)</b>	<b>Date</b>
<b>Department Head</b>	<b>Date</b>
<b>Department Head</b>	<b>Date</b>

**RESEARCH AWARDS COMMITTEE USE ONLY**

<input type="checkbox"/> <b>Approved – Amount Funded \$</b>	<input type="checkbox"/> <b>Deferred</b>	<input type="checkbox"/> <b>Unapproved</b>
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**OTHER SUPPORT**

For the investigators named on the cover sheet of this application, list in separate groups: (1) all currently active support; and (2) all applications and proposals pending review or funding. Continuation sheets may be used as necessary.

For each item give: (a) title; (b) source of support; (c) percentage of appointment on the project; (d) dates of entire project period; and (e) annual direct costs.

**PRINCIPAL INVESTIGATOR**

(1) Current Support

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(2) Pending Applications

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**CO-INVESTIGATOR(S)**

(1) Current Support

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(2) Pending Applications

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**BIOGRAPHICAL SKETCH**

<b>Name</b>	<b>Position Title</b>
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**EDUCATION:** (Begin with Baccalaureate or other initial professional education and include postdoctoral training)

INSTITUTION AND LOCATION	DEGREE	YEAR CONFERRED	FIELD OF STUDY

**RESEARCH AND PROFESSIONAL EXPERIENCE:** Concluding with present position, list, in chronological order, previous employment, and honors. List, in chronological order, the titles and complete references to all publications pertinent to this application. A continuation page may be used for page two. **DO NOT EXCEED TWO PAGES.**

