The purpose of this form is to ensure the proper processing of your admission paperwork and immigration documents as a potential Brazil@Rice participant. Brazil@Rice participants are Brazilian students and scholars who are 1) engaged in the Science Without Borders (Ciencia Sem Fronteiras) Program and/or 2) receiving government/private sector funding support for their program.

**Student/Scholar Information:**

First Name: _______________________________________________________________

Last Name: _______________________________________________________________

Current Institution: __________________________________________________________________________________________

**Terms of Scholarship:**

- Scholarship awarded by (check all that apply):
  - [ ] CNPq
  - [ ] University/Institution ____________________________________________________________________________________
  - [ ] Third Party Sponsor (IIE, LASPAU) __________________________________________________________________________
  - [ ] Private Sector Company _______________________________________________________________________________________
  - [ ] Other _______________________________________________________________________________________________________

- Scholarship subcategory (Modalidade de bolsa):
  - [ ] Visiting Undergraduate Student
  - [ ] Degree-Seeking PhD (Doutorado Pleno)
  - [ ] Visiting Graduate/Masters Student (Graduação Sanduíche)
  - [ ] Visiting Doctoral Student (Doutorado Sanduíche)
  - [ ] Post-Doc (Pós-Doutorado)
  - [ ] Other _______________________________________________________________________________________________________

- Scholarship Program Requirement:  
  - [ ] Research Only  
  - [ ] Course Enrollment  
    - If course enrollment, will it be research hours only?  
      - [ ] Yes  
      - [ ] No

- Duration of Scholarship: ____________ months

- Scholarship Funding Amounts:
  - [ ] Tuition & Fees = $__________
  - [ ] Housing (Room & Board) = $__________
  - [ ] Health Insurance = $__________
  - [ ] Living Stipend = $__________
  - [ ] Other ____________ = $__________

  **TOTAL = $__________**
 Language training:
☐ Required  ☐ Encouraged & Paid  ☐ Not Applicable

 Specialized Acculturation/Adjustment Training:
☐ Required  ☐ Encouraged & Paid  ☐ Not Applicable

 Method of scholarship award payment
☐ Direct pay to scholarship recipient
☐ Rice to invoice scholarship contact (indicate below)
☐ Other _______________________________________________________________

 Scholarship Contact:
Name (Nome): ____________________________________________________________
Title (Cargo): _____________________________________________________________
Address (Endereço): _______________________________________________________
________________________________________________________________________
E-mail (Endereço eletrônico): _______________________________________________
Phone Number (Telefone): ___________________________________________________

Please complete this form and return it to Adria Baker at abaker@rice.edu or by mail to Brazil@Rice, MS-365.