

**2013 Librarian Fellowship
at the INSTAP Study Center for East Crete**

Name of Applicant

Funding Requested

\$ _____

THE INSTITUTE FOR AEGEAN PREHISTORY
2013 SCEC LIBRARIAN FELLOWSHIP APPLICATION FORM
May 1, 2013 through April 30, 2013

1. Full Name of Applicant: _____

2. Present Address: _____ Telephone: _____

_____ Fax: _____

_____ E-mail: _____

3. Permanent Address: _____ Telephone: _____

_____ Fax: _____

_____ E-mail: _____

4. Social Security Number: _____

5. Present Occupation: _____

6. Institution: _____ Date of Appointment: _____

7. Citizenship: _____

8. Education and degrees, with institutions and dates:

9. Languages (indicate if fluent or just reading knowledge):

10. Computer and website experience:

11. Work experience (especially in library science and Aegean archaeology):

12. Name of sponsoring senior scholar: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

13. List of other fellowship applications for the coming academic year:

14. Graduate and Post-Graduate fellowships held, with dates:

15. Travel Budget:

Total travel funds requested: \$ _____

Date to receive travel funding: _____

15. If the fellowship is awarded, payment is made quarterly.

Payment Method:

check US \$ **check Euros** **check Pounds Sterling** **wire transfer** (enclose completed wire transfer form)

Make check payable to: _____

Address _____

City _____ State ____ Zip/Postal Code _____ Country _____