

**INSTAP 2013 POST-DOCTORAL FELLOWSHIP
COVER SHEET**

Name of Applicant	\$ <u> </u> Funding Requested
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Title of Project
(The applicant should leave the rest of this page blank.)

THE INSTITUTE FOR AEGEAN PREHISTORY
2013 POST-DOCTORAL FELLOWSHIP APPLICATION FORM
July 1, 2013 through June 30, 2014

1. Full Name of Applicant: Social Security Number:

2. Title of Project:

3. Present Address: Telephone:
Fax:
E-mail:

4. Permanent Address: Telephone:
Fax:
E-mail:

5. Present Occupation:

6. Institution: Date of Appointment:

7. Citizenship:

8. Education and degrees, with institutions, dates, and title of dissertation:

9. Work experience:

10. Name and institution of sponsoring senior scholar:

Name:

Institution

Address:

Telephone:

Name and institution of second reference

Fax:

Name:

Institution

11. Papers and books published by the applicant:

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

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

14. Have you received authorization to study materials or sites in questions from the archaeological officials in the countries in which your work may be done? Please give details.

Proposed Plan of Study

Your plan of study MUST fit on this page and one additional page. Please describe the significance of your project, the research methodology you plan to use and a schedule for your work.

Please give a synopsis of the research and preparation you have done for this project to date.

Please attach a bibliography of the 10 most important published works done by yourself or others on the subject.

Date to receive funding (March 1, 2013 or later):

Method of payment:

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

Travel Funds: \$

Brief description of necessary travel plans

Karen B. Vellucci
Director of Grant Programs
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