

**INSTAP 2012 PUBLICATION TEAM GRANT  
COVER SHEET**

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Name of Applicant

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Title of Project

(The applicant should leave the rest of this page blank.)

**THE INSTITUTE FOR AEGEAN PREHISTORY**  
**2012 PUBLICATION TEAM SUPPORT APPLICATION FORM**

.....  
NAME OF APPLICANT: \_\_\_\_\_

.....  
APPLICANT'S:  
OFFICE ADDRESS: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_

.....  
OFFICE PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
OFFICE FAX: \_\_\_\_\_ HOME FAX: \_\_\_\_\_  
OFFICE E-MAIL: \_\_\_\_\_ HOME E-MAIL: \_\_\_\_\_

.....  
NAME OF PROJECT: \_\_\_\_\_

FUNDING for other projects REQUESTED FROM INSTAP FOR 2007: \_\_\_\_\_

FUNDING for this project REQUESTED FROM INSTAP FOR 2007: \_\_\_\_\_

AMOUNT TO BE CONTRIBUTED THIS YEAR FROM OTHER SOURCES: \_\_\_\_\_

TOTAL COST FOR THIS YEAR: \_\_\_\_\_

.....  
Locations in which project is being conducted (check all that apply)

- Crete    Aegean Islands    Mainland Greece    Cyprus    Turkey    Other \_\_\_\_\_

HAVE REQUIRED PERMITS BEEN OBTAINED?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

If not, explain current status of permit applications:

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OTHER POSSIBLE SOURCES OF FINANCIAL SUPPORT (LIST):

(Including parent organizations such as archaeological expeditions, universities, or foreign schools. If no application has been made to an obvious potential source of funding, please state the reason.)

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OTHER APPLICATIONS:

(Include source, amount requested, date your application was or will be submitted, and the expected date of notification. Please note that consideration of your application by INSTAP is conditional upon prompt notification of INSTAP regarding decisions by other funding sources.)

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