

**2012 Six-Week Research Fellowship
at the INSTAP Study Center for East Crete**

Name of Applicant

\$ _____
Funding Requested

Title of Project

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

THE INSTITUTE FOR AEGEAN PREHISTORY
2012 SCEC SIX-WEEK RESEARCH FELLOWSHIP APPLICATION FORM
February 1 to May 30, 2012 or September 1, 2011 to December 31, 2012

1. Full Name of Applicant:

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. Junior scholars only, give names and affiliations of two scholars who can act as confidential references, if needed.

11. List of other fellowship applications for the coming academic year

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

13. Have you received authorization to study the materials or sites in question from the appropriate archaeological officials? Please give details.

If awarded the INSTAP Post-Doctoral Fellowship, I agree to abide by the terms of the award, including the submission of a report and financial accounting at the end of the grant period, and I agree to supply three copies of any publications resulting from this research to the Institute for Aegean Prehistory.

Proposed Plan of Study

Your plan of study MUST fit on this page and one additional page. Please

1. Describe the significance of your project
2. State why it is important to use the INSTAP Study Center
3. Explain the research methodology you plan to use
4. Provide an itemized budget
5. Give 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.

Travel Budget:

Total travel funds requested: \$ _____

Date to receive funding:

Method of payment:

check US \$ **check Euros** **check Pounds Sterling**

Make check payable to: _____

Please indicate where to send your check:

Address _____

City _____ State _____ Zip/Postal Code _____ Country _____