

Fellowship Application Form



Woodrow Wilson
International
Center
for Scholars

Personal Data

LAST NAME	FIRST NAME	MIDDLE INITIAL
Address to which correspondence should be sent:		Telephone Numbers:
_____	Home: _____	
_____	Office: _____	
_____	Fax: _____	
_____	E-mail: _____	
Citizenship: _____		
Legal Permanent Resident: _____		
Date and place of birth: _____	Sex: _____	
Professional title (i.e. Professor of Political Science, etc.): _____		
Institutional/Professional affiliation: _____		
Proposed dates of fellowship: _____		
Scholarly Discipline (i.e. political science, history, etc.): _____		

References

Please ask the people whom you list below to send their recommendations directly to the Center by October 1st.

- 1) _____
NAME, TITLE, INSTITUTIONAL AFFILIATION
- 2) _____
NAME, TITLE, INSTITUTIONAL AFFILIATION

Project Information

Title of project: _____

100-word precis of attached project proposal and its significance:

Education

DATE

INSTITUTION

MAJOR FIELD

B.A./B.S. _____

M.A./M.S. _____

Ph.D. _____

Dissertation Title _____

Professional/Occupational Experience: List current position first.

Dates

Organization

Position

Fellowships/Honors: List most recent first.

Language

If English is not your native language, indicate your degree of fluency in English, using Excellent, Good, Fair, or Poor:

READING

SPEAKING

WRITING

In what language(s) relevant to your proposal are you proficient?

What language would you use in writing the final product proposed in this application?

Additional Information (optional): Please check one or more of the following.

American Indian or Alaska Native

White

Asian

Hispanic or Latino

Black or African American

Not Hispanic or Latino

Native Hawaiian or Other Pacific Islander

(Note: This information is requested for statistical purposes only and is not used for the purpose of selection. The Woodrow Wilson Center subscribes to a policy of equal educational and employment opportunities.)

Signature of Applicant

Date