

A P P L I C A T I O N

M E L L O N E A S T - C E N T R A L E U R O P E A N R E S E A R C H F E L L O W S H I P

Please read the application guidelines before completing this form. **Application must be completed in English.**

- CHECK ONE BOX for
FIELD of APPLICATION:
- Ancient Studies
 - Medieval Studies
 - Renaissance and Early Modern Studies
 - Modern Italian Studies

Please type above lines:

LAST NAME	FIRST NAME	MIDDLE NAME	
HOME ADDRESS		TELEPHONE / E-MAIL	
CITY	COUNTRY	POSTAL CODE	
INSTITUTION / BUSINESS / UNIVERSITY		DEPARTMENT and TITLE (if applicable)	
BUSINESS ADDRESS		TELEPHONE / FAX / E-MAIL	
CITY	COUNTRY	POSTAL CODE	
BIRTHDATE	BIRTHPLACE	CITIZENSHIP	MARITAL STATUS

List most recent first:

UNIVERSITIES / INSTITUTIONS ATTENDED	DATES	DEGREE and DATE RECEIVED	MAJOR SUBJECT

DOCTORAL DISSERTATION TITLE and SUBJECT (indicate date of completion and give brief summary)

List most recent first:

PROFESSIONAL or ACADEMIC POSITIONS	INSTITUTION	DATES

ACADEMIC AWARDS and HONORS:

RECENT WORK

Please list titles of published books and articles and give a brief description of each.

List most recent first:

(You may attach TITLE / PROJECT additional sheets, if necessary.)	DESCRIPTION	DATE

FUTURE CAREER PLANS:

Assess your ability in English: BEGINNER ADEQUATE FLUENT

Assess your ability in Italian: BEGINNER ADEQUATE FLUENT

List other languages you speak and read:

_____	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> ADEQUATE	<input type="checkbox"/> FLUENT
_____	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> ADEQUATE	<input type="checkbox"/> FLUENT
_____	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> ADEQUATE	<input type="checkbox"/> FLUENT
_____	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> ADEQUATE	<input type="checkbox"/> FLUENT

List destination, date

and purpose of travel: PREVIOUS TRAVEL OUTSIDE YOUR HOME COUNTRY

PREFERRED DATES FOR RESIDENCY IN ROME (number 1-3, with 1 being first choice)

___ October through December ___ November through January ___ December through February

PROPOSAL:

Describe the project and nature of the work you plan to undertake in Rome. Be sure to identify any special resources in Italy that are important to your research. *Attach additional sheets if necessary.*

LETTERS OF RECOMMENDATION

Please list the names, addresses and telephone numbers of two professionals who are acquainted with you and your work, and from whom letters of recommendation will be received. Referees should send letters directly to the Academy's Rome office.

Please type above lines:

NAME DEPARTMENT and TITLE (if applicable)

INSTITUTION/BUSINESS/UNIVERSITY

ADDRESS

CITY COUNTRY POSTAL CODE TELEPHONE NUMBER(S)

NAME DEPARTMENT and TITLE (if applicable)

INSTITUTION/BUSINESS/UNIVERSITY

ADDRESS

CITY COUNTRY POSTAL CODE TELEPHONE NUMBER(S)

SUPPORTING MATERIALS

List the titles of up to two supporting papers *in English* (not to exceed 20 pages each) which you enclose with the application.

APPLICATION REFERENCE CHECK LIST

Please be sure to:

- Sign application form
- Label clearly all enclosed attachments and supporting papers with your name and field of application
- Postmark application by no later than 1 April 2009

DECLARATION

I declare that I am a citizen of (*circle the appropriate nation*), BULGARIA, the CZECH REPUBLIC, ESTONIA, HUNGARY, LATVIA, LITHUANIA, POLAND, ROMANIA OR SLOVAKIA. If awarded a fellowship, I shall pursue my work for the full term and will abide by all of the rules and regulations of the Academy, and I state that all funds given to me by the Academy will be used solely for my own education and maintenance. I certify that all information provided in support of this application is true and correct.

SIGNATURE

DATE OF APPLICATION

NOTE TO ALL APPLICANTS

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