

INSTITUTE FOR ISRAEL & JEWISH STUDIES

FELLOWSHIP APPLICATION FORM

For Academic Year: _____

NAME OF APPLICANT: _____ Social Security No. _____

Local Address: _____

_____ Telephone Number: _____

Permanent Address: _____

_____ Telephone Number: _____

C.U. Department/School: _____ Yr. entered Ph.D. Program _____

Ph.D. Sponsor: _____

Ph.D. Topic (if available): _____

Awards & Fellowships Received in previous years: _____

Expected form of registration in next academic year (circle appropriate status):

full residence

m & f

List all fellowships etc. already assured for the next academic year as well as those for which you are applying:

Completed forms are to be submitted by the 15th of April to the Institute office, 511 Fayerweather Hall, MC 2509, Campus. If the applicant is still in residence, a transcript is to be submitted. If the applicant is a student in a school other than GSAS, a transcript and a letter of recommendation from the academic adviser are required.