

**INSTAP Study Center for East Crete**  
**2016–2017 HARRIET BOYD HAWES FELLOWSHIP**  
**Cover Sheet**

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Name of Applicant

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Title of Project

**INSTAP Study Center for East Crete**  
**2016–2017 HARRIET BOYD HAWES FELLOWSHIP**  
**Application Form**

1. Full name of applicant: Social Security Number:
  
2. Title of Project:
  
3. Present Address: Telephone:  
Fax:  
E-mail:
  
4. Institution:
  
5. Citizenship:
  
6. Please list any publications by the applicant:
  
  
  
  
  
  
  
7. Please list any other fellowship applications for 2016-2017:

Date to receive funding:

Method of payment: \_\_\_\_\_ A check in US dollars                      \_\_\_\_\_ A check in Euros  
                                                 \_\_\_\_\_ Wire transfer

If you are requesting a check, where would you like your check to be sent?

If awarded the INSTAP Study Center for East Crete Harriet Boyd Hawes 2016–2017 Fellowship, I agree to abide by the terms of the award, including the submission of a final report detailing the work completed and a financial accounting by January 31, 2018.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_