

INSTAP Study Center for East Crete
2020 HARRIET BOYD HAWES FELLOWSHIP

Cover Sheet

Name of Applicant

Title of Project

INSTAP Study Center for East Crete

2020 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 2020:

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 2020 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 June 1, 2021.

Signature: _____

Date: _____