INSTAP Study Center for East Crete

2027 HARRIET BOYD HAWES FELLOWSHIP

Cover Sheet

_____

Name of Applicant

_____

Title of Project

INSTAP Study Center for East Crete

2027 HARRIET BOYD HAWES FELLOWSHIP

Application Form

1. Full name of applicant:

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 2027:

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 2027 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, 2028.

Signature: _____ Date: _____