INSTAP STUDY CENTER FOR EAST CRETE
2027 LIBRARIAN FELLOWSHIP APPLICATION FORM

May 1, 2027 through April 30, 2028

1. Full Name of Applicant:

2. Present Address: Telephone:

Fax:

E-mail:

3. Permanent Address: Telephone:

Fax:

E-mail:

4. Present Occupation:

5. Institution: Date of Appointment:

6. Citizenship:

7. Education and degrees, with institutions and dates:

8. Languages (indicate if fluent or just reading knowledge)

9. Computer experience, and are you able to drive a manual transmission ("stick shift") vehicle in Greece:

10. Work experience (especially in library science and Aegean archaeology):

11. Name of sponsoring senior scholar:
Address:

Telephone: E-mail:

12. List of other fellowship applications for the coming academic year:

13. Graduate and Post-Graduate fellowships held, with dates:

14. Travel Budget:

Total travel funds requested: $

15. If the fellowship is awarded, payment is made quarterly.

Method of payment: _____ A check in US dollars _____ A check in Euros
_____ Wire transfer
(enclose completed wire transfer form)

Make check payable to:

Address:

City: State: Zip/Postal Code:

Country:

If awarded this INSTAP Fellowship, I agree to abide by the terms of the award.

Signature: _____Date: _____

Institute for Aegean Prehistory

Wire Transfer Form

Your Name:

Name on Account:

Name of Bank: Account

Number: IBAN:

International Sort Number:

Preferred Currency:

Country: