**2020 Fellowships at the Center for Holocaust Studies at the Leibniz Institute for Contemporary History – Application form**

Full Name:

Title of Research Proposal:

## Personal Data

O Prof. O Dr. O Mr. O Ms. (Please highlight your choice.)

Gender: O Male O Female O Diverse (Please highlight your choice.)

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| --- | --- |
| Last name: |  |
| First name: |  |
| Country of Birth: |  |
| Date of Birth: |  |
| Country of Citizenship: |  |
| Passport Number: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Home Address | | | | | | | |
| Street: |  | | | | Number: | |  |
| Postal Code: |  | City: |  | | | | |
| State / Country: |  | | | | | | |
| Telephone: |  | | | Fax: | |  | |
| E-mail Address: |  | | | | | | |

## Professional Data

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Institutional Affiliation (if any): | |  | | |
| Current Position: | |  | | |
| Address of Affiliate: | |  | | |
| Educational History / Academic Credentials (include PhD program information if applicable) | | | | |
| Degree: |  | | Discipline: |  |
| Date: |  | | Institution: |  |
| Degree: |  | | Discipline: |  |
| Date: |  | | Institution |  |
| Degree: |  | | Discipline: |  |
| Date: |  | | Institution: |  |

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| Ph.D. Thesis Title (if Applicable): | |
|  | |
| Previous Fellowships (if Applicable) | |
| Subject: |  |
| Date: |  |
| Institution |  |
| Subject: |  |
| Date: |  |
| Institution: |  |

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| Most Recent Publications (Max. 3): | |
| 1. |  |
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| 2. |  |
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| 3. |  |
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| --- | --- | --- | --- |
| Languages: Please list languages and state level by number: 1. Fair 2. Well 3. Very Well 4. Fluent, and Read/Lecture/Converse | | | |
| Language: | | Level: | Read/Lecture/Converse: |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

## Fellowship Topic

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| Title of Fellowship Research Project: |
|  |

Have you applied for or do you expect to receive other scholarships or fellowship support during your research period at the Center? (Please highlight your choice.)

O Yes

O No

|  |
| --- |
| If yes, please specify the anticipated sources: |
|  |

|  |  |
| --- | --- |
| Letter of recommendation by (first recommender): | |
| Name: |  |
| Position: |  |
| Address: |  |
| Telephone: |  |
| E-mail |  |

|  |  |
| --- | --- |
| Letter of recommendation by (second recommender): | |
| Name: |  |
| Position: |  |
| Address: |  |
| Telephone: |  |
| E-mail |  |

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| --- | --- |
| Preferred Fellowship Period. Please give three possible start dates in 2020 ordered by preference. The Center may either select one of these suggested periods or choose to negotiate different dates with the recipient. | |
| 1. |  |
| 2. |  |
| 3. |  |

By handing in this application, I certify that to the best of my knowledge, the information provided above is accurate and complete. In addition, I vouch to commit myself to carry out the research within the framework stipulated by the Center for Holocaust Studies at the Leibniz Institute for Contemporary History for the duration of the fellowship.