

**Center for Advanced Judaic Studies
University of Pennsylvania**

420 Walnut Street
Philadelphia, PA 19106

**Application for Fellowship
2009-2010 Academic Year**

Both Terms _____ Fall Term only _____ Spring Term only _____

Full Name _____ Date _____

Permanent Address _____

Telephone Numbers: Office _____ Home _____

E-mail: _____ Fax: _____

Citizenship: _____ Place of Birth: _____ Date of Birth: _____

Optional: In the event you are accepted as a fellow, we will assist you in finding suitable lodging in Philadelphia. Please indicate below what kind of housing may be appropriate for your needs:

___ suburban housing ___ city housing ___ one-bedroom apt ___ two-bedroom apt

other: _____

Academic Degrees (Please give date and place received):

B.A. _____

M.A. _____

Ph.D. _____

Present Position (include institution): _____

Have you been a fellow at our Center before? _____

If yes, please give the dates of your fellowship(s): _____

Name: _____

Title of proposed research project:

•Please submit a brief description (750-1000 words) of your intended project.

•Please submit a current c.v. (including a list of your publications)

References: Names of three people who know your work. Please ask them to send letters of recommendation directly to the Center by the deadline of November 10, 2008.

Name

Affiliation

Please tell us where you heard about our program:

If you have questions or would like further information contact Sheila Allen at allenshe@sas.upenn.edu

Please return this form via mail or fax no later than November 10, 2008 to:

Administrator, Fellowship Program
Center for Advanced Judaic Studies
420 Walnut Street
Philadelphia, PA 19106 USA
Telephone: 215/238-1290 Fax: 215/238-1540 Email: allenshe@sas.upenn.edu