



Fellowship Application 2015-2016

(PLEASE PRINT OR TYPE)

Full
Name _____

Title of Research
Proposal _____

2 Research Periods:

Please mark your preference as to which semester and the number of months you would like to receive. The specific length of the award is at the discretion of the International Institute for Holocaust Research.

(1 October 2014 – 31 January 2015)

Number of Months: Four Months

Three Months

Two Months

(1 March 2015 – 30 June 2015)

Number of Months: Four Months

Three Months

Two Months



(PLEASE PRINT OR TYPE)

Personal Data

Prof. Dr.

(Last Name)

(First Name)

(Country of Birth)

(Date of Birth)

Male Female

Country of Citizenship _____

Passport number _____

Israeli Identification Number (if applicable) _____

Addresses – Home and Affiliate

(Home Address)

(Tel. No.)

(Fax No.)

(Email Address)

(Name of Institutional Affiliation)

(Current Position)



(Address of Affiliate)

Educational History

B.A.	Discipline	Date	Institution
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M.A.	Discipline	Date	Institution
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Ph.D./J.D./M.D. (Specify)	Discipline	Date	Institution
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Ph.D. Thesis Title (if Applicable)

Previous Post Doctoral Fellowships

(Subject)

(Date)

(Institution)

Most Recent Publications (Max. 3)

(1)

(2)



(3)

Languages: Please list languages and state level by number

1. Fair 2. Well 3. Very Well 4. Fluent

	Read	Lecture	Converse
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Academic Field of Expertise

(Specialization)

Research Project

(Status of Present Research)

(Anticipated Date of Completion)

Have you applied for or do you expect to receive other scholarships or fellowship support during your research period at the Institution? Yes No

If yes, please specify the anticipated sources.



An International Institute for Holocaust Research Fellow may not concurrently receive a fellowship or salary. If you have any questions regarding this, please, contact the Institute office.

Two References

(1) (Name) (Position)

(Address)

(Tele No.)

(Email)

(2) (Name) (Position)

(Address)

(Tele No.)

(Email)

By my signing below, 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 in the framework of the International Institute for Holocaust Research at Yad Vashem, including being present 3 days a week at the Institute and full participation in the Institute's activities. I agree to submit to the Institute a scientific treatise based on the research conducted at Yad Vashem six months after the tenure of his/her fellowship has been completed. I fully acknowledge that the Institute reserves for itself first option on all material generated within its framework, but does not obligate Yad Vashem to publish said material.

(Signature Required)

(Date)



Please submit the application packet to Eliot Nidam Orvieto at the following email address:

Email: eliot.nidam@yadvashem.org.il