

Fellowship Application 2015-2016

(PLEASE PRINT OR TYPE)		
Full Name		
Title of Research Proposal		
2 Research Periods:		
Please mark your preference as to which semeste would like to receive. The specific length of the auditornational Institute for Holocaust Research.		
(1 October 2014 – 3	31 January 2015)	
Number of Months:	Four Months	0
	Three Months	0
	Two Months	0
(1 March 2015 – 30) June 2015)	
Number of Months:	Four Months	0
	Three Months	0
	Two Months	0

Tel: + 972 2 6443480

research.institute@yadvashem.org.il

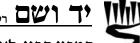


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(Last Name)	(First Name)	
(Country of Birth)	(Date of Birth)	
O Male O Female		
Country of Citizenship	Passport number	
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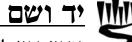


מכון הבין-לאומי לחקר השואה:	ר השואה	לחקו	י-לאומי	' הבין	זמכון
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cational History				
B.A.	Discipline	Date	Institution	
M.A.	Discipline	Date	Institution	
Ph.D./J.D./M.D. (Specify) Ph.D. Thesis Title (if Applic	Discipline able)	Date	Institution	
Ph.D. Thesis Title (if Applic	able)	Date	Institution	
Ph.D. Thesis Title (if Applic	able)	(Institution		
Ph.D. Thesis Title (if Applic	able) Fellowships (Date)			

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	4. Fluent Read Lecture Converse
demic Field of Expertise	
(Specialization)	
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earch Project (Status of Present Research)	
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(Status of Present Research) (Anticipated Date of Completion)	to receive other scholarships or fellowship support duri O Yes O No

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you have any questions regardin	arch Fellow may not concurrently receive a fellowshing this, please, contact the Institute office.
you have any questions regardin	· · · · · · · · · · · · · · · · · · ·
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Please submit the application packet to Eliot Nidam Orvieto at the following email address: Email: eliot.nidam@yadvashem.org.il

Post Office Box 3477, Jerusalem. Israel 91034 Tel: +972 2 6443480 research.institute@yadvashem.org.il WWW.YADVASHEM.ORG.IL