

**INSTAP Study Center for East Crete**  
**2018– HARRIET BOYD HAWES FELLOWSHIP**

**Cover Sheet**

---

Name of Applicant

---

Title of Project

**INSTAP Study Center for East Crete**

**2018–2019 HARRIET BOYD HAWES FELLOWSHIP**

**Application Form**

1. Full name of applicant:

Social Security Number:

2. Title of Project:

3. Present Address:

Telephone:

Fax:

E-mail:

4. Institution:

5. Citizenship:

6. Please list any publications by the applicant:

7. Please list any other fellowship applications for 2018:

Date to receive funding:

Method of payment:

A check in US dollars

A check in Euros

Wire transfer

If you are requesting a check, where would you like your check to be sent?

If awarded the INSTAP Study Center for East Crete Harriet Boyd Hawes 2018 Fellowship, I agree to abide by the terms of the award, including the submission of a final report detailing the work completed and a financial accounting by January 31, 2020.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_