

Fellowship Application 2022-2023

(PLEASE PRINT OR TYPE)

Full Name _____

Title of Research Proposal _____

Two 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.

(Winter Semester: 1 October 2022 – 31 January 2023)

Number of Months: Four Months

Three Months

Two Months

(Spring Semester: 1 March 2023 – 30 June 2023)

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)
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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"/>

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?
 O Yes
O 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.

(Signature Required)

(Date)

Please submit the application along with the other application materials to Eliot Nidam Orvieto by **31 December 2021** at the following email address:

research.applications@yadvashem.org.il

For further details, please contact Mr. Eliot Nidam Orvieto: eliot.nidam@yadvashem.org.il