Fellowship Application
2024-2025

(PLEASE PRINT OR TYPE)

Full Name______________________________________________________________

Title of Research Proposal________________________________________________

Three Research Periods:

Please mark your semester preference. For the winter and spring semesters, circle the number of months you would like to receive. The two-month summer semester is between July 1 and August 31.

Winter Semester: 1 October 2024 – 31 January 2025

Circle: Four Months Three Months Two Months

Spring Semester: 1 March 2025 – 30 June 2025

Circle: Four Months Three Months Two Months

Two-month Summer Semester: 1 July 2025 – 31 August 2025

***The specific semester and length of the award is at the discretion of the International Institute for Holocaust Research.***
(PLEASE PRINT OR TYPE)

Personal Data

O Prof.  O Dr.

(Last Name)  (First Name)

(Country of Birth)  (Date of Birth)

O Male  O 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**

<table>
<thead>
<tr>
<th>Degree</th>
<th>Discipline</th>
<th>Date</th>
<th>Institution</th>
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<tbody>
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<td>B.A.</td>
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<td>M.A.</td>
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<tr>
<td>Ph.D./J.D./M.D. (Specify)</td>
<td>Discipline</td>
<td>Date</td>
<td>Institution</td>
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Ph.D. Thesis Title (if Applicable)

**Previous Post Doctoral Fellowships**

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<tr>
<th>Subject</th>
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<th>Institution</th>
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**Most Recent Publications (Max. 3)**

1. (1)

2. (2)

3. (3)

**Languages:** Please list languages and state level by number


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Read  Lecture  Converse

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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)
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.

Please submit the application along with the other application materials to the institute by 31 December 2023 at the following email address: research.applications@yadvashem.org.il