Fellowship Application  
2021-2022

(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 2021 – 31 January 2022)

Number of Months: Four Months O
Three Months O
Two Months O

(Spring Semester: 1 March 2022 – 30 June 2022)

Number of Months: Four Months O
Three Months O
Two Months O
(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

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


Previous Post Doctoral Fellowships

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<th>Date</th>
<th>Institution</th>
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Most Recent Publications (Max. 3)

(1)

(2)

(3)
Languages: Please list languages and state level by number

Read  Lecture  Converse

______________________________________
______________________________________
_______________________________________

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 2020 at the following email address:
research.applications@yadvashem.org.il

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