

AMERICAN RESEARCH INSTITUTE OF THE SOUTH CAUCASUS
2020-21 GRADUATE/POSTDOCTORAL FELLOWSHIP

APPLICATION FORM

PERSONAL DATA

First Name	Middle Initial	Last Name	Preferred Name
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Current Mailing Address

Permanent Address (if different than above)

Home Phone	Office Phone	Fax
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Email Address

Date of Birth (mm/dd/yyyy)	Place of Birth (City & State or if outside US list country)
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Citizenship	If Foreign Born, Date of Naturalization
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(Please note that proof of US or Canadian citizenship or permanent resident status must be provided upon receipt of fellowship.)

ARISC MEMBERSHIP

Institutional Membership Individual Membership

(list institution)

Student Membership Not an ARISC member

PRIOR AWARDS

Have you been awarded an ARISC Graduate/Postdoctoral Fellowship in the past? _____ (yes/no)

If yes, list the year the project was completed: _____

Fellowship recipients are eligible to reapply for a second Graduate/Postdoctoral Fellowship three years after completion of their most recent award.

Full Name: _____

ACADEMIC DATA

University/College

Department

Discipline/Field

Degree Pursued

Date Admitted to Grad Program/Date Degree Completed

Final Degree Awarded

Current Institution (if different than above)

FELLOWSHIP INFORMATION

Title of Proposed Research Project: _____

Research Project Abstract. Please provide a brief 100-word statement of your proposal suitable for public use.

Country(ies) Proposed and Dates of Stay:

City(ies), Country(ies)

Proposed Dates *(Must be completed by Aug. 31, 2021)*

Other Current Grant Applications:

Name of Grant and Amount

Date of Application

Status (awarded/pending/
/to be submitted)

Name of Grant and Amount	Date of Application	Status (awarded/pending/ /to be submitted)

Full Name: _____

Grant History (for the past five (5) years):

Name of Grant and Granting Organization	Year of Award

Non-English Languages and Proficiency:

Language	Years of Study	Level of Proficiency

Please list the two individuals who will be submitting letters of recommendation on behalf of this application (if one is the applicant’s academic advisor, please indicate):

1. _____

2. _____

How did you hear about the ARISC Graduate/Postdoctoral Fellowship?

APPLICATION CHECKLIST

- Application Form
- Project Statement (no more than three (3) pages) (may include separate Scenario B research design and methodology)
- Work Schedule
- Curriculum Vitae
- Itemized Budget (transportation and/or living expenses only; may include separate Scenario B budget)
- Two Letters of Recommendation (sent directly from recommenders to ARISC)
- ARISC Membership

Keep me informed of future ARISC funding opportunities, programs, and events. ARISC uses MailChimp.

By checking off this box I, _____ (applicant’s full name), affirm that the statements and application materials are true and accurate representations, to the best of my understanding.

ALL INFORMATION MUST BE RECEIVED BY DECEMBER 18, 2020, TO INFO "AT" ARISC.ORG IN ORDER FOR THE APPLICANT TO BE CONSIDERED FOR THE FELLOWSHIP.

**PLEASE SEE WWW.ARISC.ORG FOR FULL APPLICATION REQUIREMENTS AND SUBMISSION INSTRUCTIONS. APPLICANTS ARE RESPONSIBLE FOR ASSURING THAT ARISC RECEIVES ALL DOCUMENTS ON TIME.
DEADLINE: FRIDAY, DECEMBER 18, 2020**