



American Research Center in Sofia

Application for the Academic Fellowship Program

This form serves as an application for admission and fellowships both for the 9-month and the three-month (Fall or Spring) programs. Please return this form by e-mail and have your referees send their letters also by e-mail to Dr. Emil Nankov at ehn2@cornell.edu by February 15. Please type or print clearly:

1 Full name: _____ Social Security No.: _____

2 Permanent address _____ 3 Telephone:

_____ E-mail: _____ 4 Current (mailing) address: Valid from:

_____ to _____

_____ Telephone: _____

5 Birthdate: _____ 6 Birthplace: _____

7 Citizenship: _____ 8 Marital Status: _____ Which
members of your family would accompany you? _____

9 Present academic level: _____

10 Colleges and universities attended, with dates of residence and degrees attained:

11 Current affiliation: _____ 12 Teaching and other professional experience, with institutions and dates:

13 Are you applying for an ARCS Fellowship? _____ Do you expect to attend if you are not awarded a Fellowship? _____ From what other sources are you seeking fellowship aid? _____

14 Please list any previous visits to Bulgaria, Eastern Europe and the Balkans.

15 Foreign language proficiency (list language and level of proficiency):

16 Names and addresses of two referees:

17 Are you applying for the 9-month or the 3-month program (Fall or Spring)? _____

Date: _____

Signature: _____