

Harvard University Center for Jewish Studies

6 Divinity Avenue
Cambridge, Massachusetts 02138

Tel: 617-495-4326
Fax: 617-496-8904

J-term and Spring Semester 2017 Research Fellowships for Harvard Graduate Students

Application Form

First Name: _____

Middle Name: _____

Last Name: _____

Harvard ID number: _____

Phone: _____

Email: _____

Permanent legal address: _____

Harvard address: _____

Harvard department/school/program:

Estimated graduation date: _____

Field of study: _____

Advisor: _____

Title of dissertation (if applicable):

Please provide a research proposal (about one page) describing the nature of your research project and your reasons for wanting to conduct it.

Proposal Title: _____

Please provide an itemized budget (which may include economy travel, basic housing and living expenses, basic research expenses)

Name of faculty member who will be supervising your research project and sending a recommendation on your behalf:

If you have any more comments to add to your application, please write them here: