



Membership Application

Date

First / Given

Middle Name

Last / Surname

CONTACT INFORMATION

Residential Street Address

City

State

Postal Code

Country

Institution's Name

Street Address

Country

Preferred Mailing Address

Residential

Institution

Home Phone

Office Phone

Mobile Phone

Fax Number

Email Address



PERIOD FOR WHICH MEMBERSHIP IS REQUESTED

In order of preference, write 1 for first choice, 2 for second choice, or 3 for third choice.

Write X for periods that will not work. You may also choose other dates on the right.

September 1 – December 31, 2011

Other Dates (Sept-May)

January 1 – May 31, 2012

September 1, 2011 – May 31, 2012

I am applying for: the William Scheide Fellowship the J. Houston Witherspoon Fellowship

ACADEMIC FIELD

Major Field of Scholarship

Research Proposal Title

Present Position

Languages Read/Spoken

PERSONAL INFORMATION

Citizenship: U.S. Citizen U.S. Permanent Resident Other (requires a J-1 Visa)

Country of Citizenship for those who checked Other

Religious Affiliation (optional)



Name of Accompanying Spouse

First / Given

Middle Name

Last / Surname

Name/s and Age/s of Accompanying Minors

None

First / Given

Middle Name

Last / Surname

Age

First / Given

Middle Name

Last / Surname

Age

First / Given

Middle Name

Last / Surname

Age



REFERENCES

Reference 1

First / Given

Last / Surname

Institutional Affiliation

Years Known

Street Address

City

State

Postal Code

Country

Phone

Fax Number

Email Address

Sent Request For Reference?

Yes

No

Date Requested



Reference 2

First / Given

Last / Surname

Institutional Affiliation

Years Known

Street Address

City

State

Postal Code

Country

Phone

Fax Number

Email Address

Sent Request For Reference?

Yes

No

Date Requested



Reference 3

First / Given

Last / Surname

Institutional Affiliation

Years Known

Street Address

City

State

Postal Code

Country

Phone

Fax Number

Email Address

Sent Request For Reference?

Yes

No

Date Requested