

City

Postal / Zip Code

State / Province / Region

United States

Country

This address will be valid for these dates: *

Phone Number *

Birth date *

 / / 
MM DD YYYY

Birthplace *

Citizenship *

Marital Status *

Which members of your family would accompany you to Athens? *

Present academic level *

Current affiliation *

Department *

For which Member Category are you applying? *

- Student Associate Member
 Senior Associate Member

Dates you plan to be at the School: *

Are you a returning member? *

- Yes
 No

Are you applying for an ASCSA Fellowship? *

- SAMPLE FORM PRE-DOC APPLYING FOR ASCSA MEMBERSHIP AND FELLOWSHIP

Yes

No

For which fellowship(s) are you applying? Deadlines for each are listed in parentheses. *

- Advanced School Fellowships for returning ASCSA Members (February 15)
- Bikakis (January 15)
- Cotsen Traveling (January 15)
- Coulson–Cross Exchange (March 15)
- Frantz (January 15)
- Fulbright (October 11)
- Hirsch (January 15)
- Kress Publications (January 15)
- NEH Fellowships (October 31)
- Papaioannou (January 15)
- Rehak Traveling (March 1)
- Wiener Laboratory Research Associate (January 15)
- Wiener Laboratory Post–Doctoral Fellowship (January 15)
- Wiener Laboratory Pre–Doctoral Fellowship (January 15)

Do you expect to attend if you are not awarded a School Fellowship? *

Yes

No

From what other sources are you seeking fellowship funding?

Colleges and universities attended, with dates of residence, degrees, field(s) of major study, and honors attained.

Teaching and other professional experience, with institutions and dates.

Proficiency in German, French, Italian, Modern Greek.

State briefly your present attainments in the following subjects: Latin and Greek (specify amount of reading done in the original and translation), ancient history, history of ancient literature, Greek and Roman art and archaeology.

For your convenience, you may attach a doc, docx or pdf file instead. Please make a note in the box above.

no file selected

Give details of any previous visits to Greece or Classical lands prior to ASCSA membership, fellowships, and dates at the School (Regular Member, Summer Session, Associate Member, excavations, etc.)

For your convenience, you may attach a doc, docx or pdf file instead. Please make a note in the box above.

no file selected

Title of dissertation, research project, or field of interest: *

Brief statement of your purpose in seeking study at the American School of Classical Studies. Include your general and specific fields of interest, the importance of a stay in Greece for your current academic program of studies, your professional goals, and, if applicable, your dissertation subject with the name of your advisor.

For your convenience, you may attach a doc, docx or pdf file instead. Please make a note in the box above.

no file selected

Please attach a project description and curriculum vitae using the appropriate file upload option below. Fulbright applicants, submit the project description from your Fulbright application.

Project Description *

no file selected

Curriculum Vitae

no file selected

Student applicants are required to submit undergraduate and graduate transcripts, scanned from the originals issued to the candidate in legible pdf format, as part of the online application. Please be sure to name the file, "LastnameTranscripts.pdf" (e.g. "SmithTranscripts.pdf").

no file selected

Add any additional file material (optional)

no file selected

How did you hear about the American School of Classical Studies at Athens or the fellowship? *

Recommendations

Names and addresses of three people who are familiar with your academic work and attainments and who are willing to write supporting letters for you (one from your dissertation advisor or the Chair of the Graduate Program of your home institution). Please refer to the instructions below for specific membership requirements.

-Applicants for Student Associate Membership (first time applicant) are required to provide three names and letters.

-A returning school member (current full academic year) submits the recommendation from your dissertation advisor or the Chair of the Graduate Program and additional recommendations as required by the fellowship program. Refer to the fellowship bulletin for requirements.

-Applicants for Associate Membership in conjunction with a fellowship(s) should use the following fields only if the fellowship requires recommendations. Refer to the fellowship bulletin for requirements.

Upon submission of this application, you will be given a link to the recommendation form. Please provide this link to each of your recommenders.

Name of Recommender #1 *

Institution *

Position *

Contact Information (address, phone number, email) *

Name of Recommender #2

Institution

Position

Contact Information (address, phone number, email)

Name of Recommender #3

Institution

Position

Contact Information (address, phone number, email)

Waiver of Right of Access to Confidential Statements: In accordance with the Family Education Rights and Privacy Act of 1974, I have the right to inspect recommendation letters. *

- I waive my right to review recommendation letters.
- I do not waive my right to review recommendation letters. (If you

do not waive your rights, the ASCSA will notify your recommenders.)

By signing this application or by transmitting it electronically, I certify that all information submitted in the admission process, including the application and supporting material, is my own work, factually true, complete, and honestly presented. I also certify that any other information submitted on my behalf is authentic, including letters of recommendation, academic transcripts, and certifications. I understand that I may be subject to a range of disciplinary actions, including admission revocation, suspension or expulsion, should the information that I have certified be false, misleading, or contain omissions. I agree to notify ASCSA of changes to information or of new information pertinent to this application.

I have placed my electronic signature on this application. I understand that by typing my full name on the line below, I am affixing my electronic signature which is contractually binding, represents my knowing certification, and has the same legal force and effect as an original hand-produced signature.

Type Full Name Here *

Date *

 / / 

MM

DD

YYYY

IMPORTANT:

Before submitting this form, please PRINT A COPY for your records.