

Scholar-in-Residence Application Form

Duration 6 ___ or 12 ___ months

Do you have a PhD degree? Yes ___ No ___

Have you applied to this scholarship program before ? Yes ___ Year ___ No ___

Personal Details			
Family Name	First Name	Title	
Date of Birth	Place and Country of Birth	Nationality	
Current Institutional Affiliation			
Work Address	Place	Street	Country
Telephone Number (Work)	Email Address (Work)		Fax (Work)
Home Address	Place	Street	Country
Telephone Number	Email Address (Home)		Fax (Home)
Preferred Mailing Address home ___ work ___			
Preferred Email Address home ___ work ___			
Highest Professional Qualification	Field of Study	Year	University
Other Degrees	Field of Study	Year	University
Other Degrees	Field of Study	Year	University

Project Information	
Title of Research Project	
Project Summary (approx. 200 words):	
Did employees of the DM give you assistance in preparing the research project? If so, please specify who advised you	
Name	Name
Confidential references will be sent by the following people	

Name	University
Name	University

How did you come to know about the Scholar-in-Residence Program?
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Please insure that the confidential references as well as all other application materials (application form, curriculum vitae, 3-5 page project description) are sent to the following address:

Andrea Walther
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 Deutsches Museum
 80306 München
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 Fax: 00 49 (0) 89 2179-239
 Email: a.walther@deutsches-museum.de