

AFEA/Library of Congress 2017-2018

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Check here if you are currently a Ph.D. candidate

Name

Place and Date of Birth

Address

ZIP Code, City

Telephone

E-Mail-Address(es)

Institution

Current position Department

Short working title of AFEA/LoC Project:

.....

.....

Names, titles, and institutional affiliations of two persons who will
submit letters of recommendation on your behalf:

1.

2.

Date Signature