



## APPLICATION FORM

Please Print

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Faculty Rank \_\_\_\_\_ Department \_\_\_\_\_

Campus Address \_\_\_\_\_ College \_\_\_\_\_

Requested Dates of Residence \_\_\_\_\_

**Attach a two page precise statement of what you intend to accomplish during the fellowship and a 150 word abstract.**

I have read and understand the Conditions of Residency

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Department Chair's name (please print) \_\_\_\_\_

In support of a Taft-Nicholson Summer Fellow Residency application submitted by one of our faculty members, \_\_\_\_\_ (name of faculty), this department supports the proposed plans of the applicant and agrees to provide any special requirements of the applicant when appropriate.

Signature of Department Chair \_\_\_\_\_ Date \_\_\_\_\_