

Scholar-in-Residence Application Form

Duration for _____ 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
Preferred Email Address	Second Email Address	Telephone Mobil Nr.

Current Institutional Affiliation (Address)

Preferred Mailing Address:

How did you come to know about the Scholar-in-Residence Program?

Did employees of the DM give you assistance in preparing the research project? If so, please specify who advised you:

Qualification

Höchste Qualifikation	Fach	Jahr	Universität

Weitere Abschlüsse	Fächer	Jahre	Universitäten

Project Information

Title of the Research Project:
Short Project Summary (approx. 200 words):
The two confidential references will be sent by the following people:

The application is only complete with the following documents:

Filled out form

Two confidential references

Current CV

Project description (3-5 pages)

Please send the application to: a.walther@deutsches-museum.de

