

# ASCSA Associate Membership Application/long form 'G5A D@9

Associate Membership with Fellowships (Students or Senior Scholars)

Student Associate Membership for full academic year as first time applicant to the ASCSA

The deadline for this application is JANUARY 15. (If this deadline comes before the fellowship program deadline, please follow the deadline for the fellowship program.)

**Title \***

**First Name \***

**Middle Name**

**Last Name \***

**Suffix**

**Permanent Address \***

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

**Phone Number \***

**Email \***

**Current Mailing Address \***

Street Address

Address Line 2

City

Postal / Zip Code

State / Province / Region

Country

This address will be valid for these dates: \*

Phone Number \*

Birth date \*

 /  /  

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 POST-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?**

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

**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

**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? \***

**SAMPLE FORM POST-DOC APPLYING FOR ASCSA MEMBERSHIP AND 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.

---