



# Title VIII CEE Area Studies Fellowship Program

## Application Form

### Applicant Information

Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date Available to Start Fellowship: \_\_\_\_\_

Are you a citizen of the United States? YES NO

### Education

Institution: \_\_\_\_\_ Degree: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Major: \_\_\_\_\_

Institution: \_\_\_\_\_ Degree: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Major: \_\_\_\_\_

Institution: \_\_\_\_\_ Degree: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Major: \_\_\_\_\_

### Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_



Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Interests**

Why are you interested in Central and Eastern Europe? (200 words maximum)

[Empty text box for interests]

Briefly describe the issue area and country or region you wish to study. Please include the proposed central thesis of your research topic. (200 words maximum)

[Empty text box for research topic]

Why should you be selected for this fellowship? What are your main goals for this fellowship? (200 words maximum)

If selected, how do you plan on advancing your knowledge and expertise on Central and Eastern Europe after the completion of the fellowship? (200 words maximum)

**References**

*Please list up to two academic and/or professional references. The listed referees must send signed letters of recommendation directly to CEPA electronically to [info@cepa.org](mailto:info@cepa.org).*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Organization: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Organization: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to my selection as a fellow, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_