

LOEB CLASSICAL LIBRARY FOUNDATION

c/o Department of the Classics, 204 Boylston Hall, Cambridge, MA 02138

Phone: (617) 384-8052; Fax: (617) 496-6720

<http://www.fas.harvard.edu/~lclf>

APPLICATION FORM

Applications and accompanying documents must reach the office of the Foundation not later than **November 1, 2007**.

Applications Materials to be submitted to the LCL Foundation:

- 1) Completed Application Form (*please DO NOT staple*)
- 2) *Curriculum Vitae* listing publications and scholarly activity
- 3) Three recommendations (see Referee Form) submitted directly by referees

1. NAME (last, first, middle): _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone: _____ E-Mail: _____

Home Address if other than above: _____

City: _____ State: _____ Zip Code: _____

(Non-US) City/Country Code: _____

Daytime Telephone: _____ E-Mail: _____

2. INSTITUTIONAL INFORMATION:

Name of Institution: _____

City: _____ State: _____ Zip Code: _____

Present Position: _____

3. EDUCATIONAL SUMMARY: INSTITUTION

DATES

DEGREE

Undergraduate: _____

Graduate: _____

4. TYPE OF FELLOWSHIP AND *EXACT* AMOUNT REQUESTED IN *U.S. DOLLARS*:

Regular Salary Replacement* _____

Travel to Collections _____

Excavation Expenses _____

Research Materials _____

Other (Specify) _____

**up to \$35,000; total salary and awards from all sources not to exceed 100% of annual salary for 2008-2009; three years must elapse between applications for salary replacement*

If you are applying for salary replacement, please briefly explain your institution's policy regarding leaves, paid and unpaid:

5. PRESENT SALARY: _____

6. WILL THE PROJECT BE SUPPORTED BY OTHER FUNDING?

a) Guaranteed funding source, amount: _____

b) Other source(s) applied to, amount, anticipated decision date:

7. PROJECT TITLE: _____

8. INCLUSIVE DATES FOR PERIOD IN WHICH FELLOWSHIP IS REQUESTED: _____

9. PLEASE INDICATE YOUR PAID AND UNPAID LEAVES (SEMESTERS WITHOUT REGULARLY-SCHEDULED CLASSROOM TEACHING) IN THE PAST THREE YEARS:

10. HAVE YOU EVER APPLIED FOR A LCLF GRANT BEFORE? _____

Was your application successful? _____

If so, what was the amount awarded, when was it for, and did you accept it? _____

11. PROJECT DESCRIPTION AND BUDGET: Please attach a PROJECT DESCRIPTION of 500-2,000 words as well as a BUDGET and/or (*in the case of salary replacement*) TOTAL DOLLAR AMOUNT you are requesting.

12. STAGE OF PROJECT: Beginning _____ Middle _____ End _____

Estimated *final* date of project completion _____

13. REFEREES (3):

Name: _____

Institution: _____

Name: _____

Institution: _____

Name: _____

Institution: _____

14. APPLICANT SIGNATURE _____ DATE: _____