

American Printing History Association

*Mark Samuels
Lasner Fellowship
in Printing History
Application · 2020*

Details

Please send the following materials to: fellowship@printinghistory.org

- Completed application form
- Proposal describing the purpose, scope, and significance of the project, not to exceed one page
- Curriculum vitae
- Two confidential letters of support specific to this fellowship must be sent separately by the recommenders

E-mail the above materials as attachments in Microsoft Word or PDF format. The filenames must have the last name of the applicant, e.g. Smith-Jane-cv.doc, Smith-Jane-proposal.doc, etc.

We will only accept electronic submissions. We cannot accept faxed applications or supporting materials.

ALL MATERIALS ARE DUE BY THURSDAY, DECEMBER 5, 2019.

The recipient of the award will be publicly announced at the APHA annual meeting on Saturday, January 25, 2020, in New York City.

Applicant and Proposal

NAME

ADDRESS

CITY

STATE

ZIP

COUNTRY

TELEPHONE

E-MAIL

AFFILIATION (*if applicable*)

DEPARTMENT

RANK OR POSITION HELD

PROPOSAL TITLE

GENERAL INFORMATION

printinghistory.org/programs/fellowship

E-MAIL SUBMISSION

fellowship@printinghistory.org

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Budget

Transportation	\$ _____	Other (<i>describe</i>)	\$ _____
Research expenses	\$ _____	_____	_____
Meals	\$ _____	_____	_____
Housing	\$ _____	TOTAL	\$ _____
OTHER FUNDING FOR THIS PROJECT			
Granted	\$ _____	Applied for	\$ _____

Recommenders

Please list the names of the two persons you have asked to submit letters of support. These letters must be written specifically in reference to this fellowship by persons who are competent to judge the significance of the proposal. It is the applicant's responsibility to make sure that these letters of support are received by the Fellowship Committee by Thursday, December 5, 2019. The filename must have the last name of the applicant, e.g. Smith-Jane-recommendation.doc.

FIRST RECOMMENDER _____

AFFILIATION (*if applicable*) _____

ADDRESS _____

E-MAIL _____

PHONE _____

SECOND RECOMMENDER _____

AFFILIATION (*if applicable*) _____

ADDRESS _____

E-MAIL _____

PHONE _____

In submitting this form, I agree to the terms described above. Please type your name in both spaces below and indicate the date of submission.

APPLICANT'S SIGNATURE _____

APPLICANT'S NAME _____

DATE _____