

Please fill in and print this form from this Web site.

NATIONAL HUMANITIES CENTER FELLOWSHIP APPLICATION

4. FINANCIAL INFORMATION FORM

Name: _____ U.S. Social Security #: _____

Present position: _____

Proposed period of residence at National Humanities Center: _____

1. Present annual salary (not including anticipated increases, fringe benefits, extra compensation for summer teaching, consulting fees, or other sources of income) \$ _____

2. List sabbatical salary anticipated for grant period \$ _____

3. List any other research support you will have for grant period

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total awards \$ _____

Subtract the total of items 2 and 3 from item 1 \$ _____

List any other grants or research support for which you are applying for the period you wish to spend at the National Humanities Center.

Source of Support	Amount	Notification Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Point of departure from which you would need travel expenses: _____

Members of your immediate family who would accompany you (give full names of spouse and children and give children's ages): _____

Please add below or on an attached sheet any further information that affects your request for support from the National Humanities Center.

Enclose three copies of this form with your completed application; do not attach them to your application materials.