

Rede ining Canadian Art History Fellowship
APPLICATION FORM 2023

IDENTIFICATION

SURNAME	FIRST NAME
PREFERRED PRONOUNS	PRIMARY EMAIL ADDRESS
PRIMARY TELEPHONE NUMBER	
PERMANENT ADDRESS	CURRENT MAILING ADDRESS (IF DIFFERENT)
ADDRESS	ADDRESS
APARTMENT, SUITE, UNIT, P.O. BOX, ETC.	APARTMENT, SUITE, UNIT, P.O. BOX, ETC.
CITY	CITY
PROVINCE/TERRITORY/STATE/REGION	PROVINCE/TERRITORY/STATE/REGION
POSTAL CODE/ZIP CODE	POSTAL CODE/ZIP CODE
COUNTRY	COUNTRY

PROPOSED PROJECT

TITLE OF PROPOSED PROJECT
SUMMARY OF PROPOSED PROJECT (max. 75 words)

REFEREES

REFEREE NO. 1	
SURNAME	FIRST NAME
EMAIL ADDRESS	TELEPHONE NUMBER
REFEREE NO. 2	
SURNAME	FIRST NAME
EMAIL ADDRESS	TELEPHONE NUMBER

REQUIRED CONFIRMATIONS AND SIGNATURE

- I confirm that I am submitting the following documents with this application form: CV, statement of research and methodological approach, personal statement, and one additional piece of supporting material.
- I confirm that I have asked my referees to send my letters of reference directly to fellowships@aci-iac.ca.
- I certify that the information provided in this application is correct and complete, to the best of my knowledge.

SIGNATURE

DATE

PRINTED NAME