**Erasmus Collection Fellowship – *Application form***

*Please fill in this form completely and send it along with your research proposal and curriculum vitae to:* tsimarakis@esphil.eur.nl

**Personal details**

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| --- | --- |
| 1. Name (surname, first name[s]): |  |
| 2. Date of birth:  |  |
| 3. Nationality:  |  |
| 4. Affiliation: |  |
| 5. Academic title(s) (if applicable): |  |
| 4. Home address:  |  |
| 5. Email address: |  |
| 6. International Bank Account Number and BIC: |  |

**Fellowship information**

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| 1. Preferred period of research (**between** **October 2024- January 2025**): |  |
| 2. If necessary, is there any flexibility possible regarding this period of research? |  |
| 3. Title of your proposed research project: |  |
| 4. Name and email address of an academic referee: |  |
| 5. Do you have further remarks or questions regarding the fellowship? |  |
| 6. How did you hear from the Erasmus Collection Fellowship? |  |