*January 2020*

**IASH Fellowship for Kavli Frontiers of Science Symposia Participants**

**Application Form**

To be filled in print (Word file)

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| Date of Application: |  |

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| **Applicant's personal details** |
| Last name |  |
| First name |  |
| Title |  |
| Nationality |  |
| Date of doctorate degree |  |

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| --- |
| **Current Academic Position** (please select one item only) |
|[ ]  Postdoc |
|[ ]  Assistant Professor, Lecturer, Researcher |
|[ ]  Associate Professor, Senior Lecturer |
|[ ]  Full Professor, Head of Research Institute |
|[ ]  Other (detail) |
| **CV** attached to application | [ ]  Yes  |
| **List of Publications** attached to application | [ ]  Yes  |

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| **Keywords (up to 5) to define your specific field of research** |
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| **Affiliation / Institute at which you are currently working (Applicant's address)** |
| University, Institution |  |
| Institute, Department |  |
| State, City |  | [ ]  Israel[ ]  US |
| Phone |  | E-mail |  |

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| **Kavli FoS Symposium participated** |
| Applicant | Year **you** participated in the Kavli FoS Symposium |  |
| In this Kavli FoS Symposium **your role** was (more than one can be selected) | [ ]  Organizer[ ]  Speaker[ ]  Participant (poster presenter) |
| Host | Year **your host** participated in the Kavli FoS Symposium |  |
| In this Kavli FoS Symposium **your host's role** was (more than one can be selected) | [ ]  Organizer[ ]  Speaker[ ]  Participant (poster presenter) |

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| **Details of the application** (more than one can be selected) |
|[ ]   Working Visit (please fill in details on host and host institute) |
| in |  |
| from |  | until |  |
|[ ]  Participation in conference during your visit |
|[ ]  Initiate a scientific project or meeting |
|[ ]  Write joint scientific publication |
|[ ]  Other (If selected other please detail) |
| **Subject of the research proposal:** |  |
| **Research proposal** (up to 5 pages**)** attached to application | [ ]  Yes  |

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| **Host scientist and host institute** |
| Last name |  |
| First name |  |
| Title |  |
| Nationality |  |
| University, Institution |  |
| Department, Institute |  |
| State, City |  | Country | [ ]  Israel[ ]  US |
| Phone |  | E-mail  |  |
| Are you already in contact with your host? | [ ]  Yes [ ]  No |
| **Invitation letter** attached to application | [ ]  Yes  |

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| **Proposed Budget Plan of the visit** |
| Total sum  |  |
| **Proposed Budget plan** (detailed) attached to application | [ ]  Yes  |

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| **Notes added by applicant** |
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| --- | --- | --- |
|  |  |  |
| Place and Date |  | Signature |

Additional information is found in IASH web site: <https://www.academy.ac.il/>

and <https://academy.ac.il/RichText/GeneralPage.aspx?nodeId=1488>

Complete application form and attached documents should be e-mailed to:

Dr. Yael Ben Haim, Secretary, Sciences Division

[The Israel Academy of Sciences and Humanities](https://www.academy.ac.il/RichText/GeneralPage.aspx?nodeId=1124)

Email: yaelb@academy.ac.il