NEH SUMMER SEMINARS AND INSTITUTES
PARTICIPANT APPLICATION COVER SHEET

If you reproduce this page, the information must appear with the headings listed in the order printed here. Do not exceed the space allotted on this page. **Incomplete or inaccurate** applications may be deemed ineligible.

NAME: _____

HOME ADDRESS: _____

WORK ADDRESS: _____
(department, institution, street address, city/state/ZIP) _____

E-MAIL: _____

INSTITUTION TYPE: Public_____Private

2-year College_____4-year College_____University

COURSES TAUGHT THIS YEAR--INDICATE U (UNDERGRADUATE) OR G (GRADUATE):
_____
_____
_____

NUMBER OF STUDENTS TAUGHT THIS YEAR: _____

DEGREES YOUR DEPARTMENT GRANTS: _____

HOW MANY YEARS HAVE YOU BEEN TEACHING? _____

CITIZENSHIP (IF NOT U.S., SPECIFY COUNTRY, MONTH AND YEAR U.S. RESIDENCE BEGAN)
_____

TELEPHONES, HOME AND WORK (include at least one where a message can be left and indicate which):
_____
_____

NAME OF DIRECTOR AND TITLE OF SEMINAR OR INSTITUTE TO WHICH YOU ARE APPLYING:
_____

LIST DATES AND TITLES OF NEH SEMINARS AND INSTITUTES YOU HAVE PARTICIPATED IN:
_____
_____
_____

HOW DID YOU LEARN ABOUT THIS SEMINAR OR INSTITUTE?
NEH WEBSITE___E-MAIL___ NEH FLYER (POSTED___OR SENT TO YOU___) OTHER (SPECIFY)_____

_____
(printed name) (signature) (date)