

American Philosophical Society

104 South Fifth Street
Philadelphia, PA 19106-3387

7/2019

For Office Use

Competition PNA 2020

Prior Appls _____

Phillips Fund For Native American Research

NAME in full, last name capitalized : John DOE

E-MAIL : jdoe@test.com

ALTERNATE E-MAIL :

BEST MAILING ADDRESS :

TELEPHONE :

INSTITUTIONAL AFFILIATION :

PRESENT POSITION :

DATE and PLACE of BIRTH :

CITIZENSHIP :

EDUCATION

Institution

Degree

Date

Field of Study

PROJECT TITLE

DATES of trip or project :

AMOUNT OF FUNDING requested :

BUDGET STATEMENT

Amount *Month / Year*

TRAVEL :

LODGING, FOOD :

TAPES, CONSULTANTS' FEES :

SUPPLIES, OTHER :

TOTAL :

Explain the reasons for the requested budget allocations.

NAME John DOE

NATIVE AMERICAN LANGUAGES read/spoken/studied; OTHER LANGUAGES read/spoken/studied:

RELATION of study to THESIS or DISSERTATION:

PREVIOUS PUBLICATIONS by applicant, pertinent to present project:

PUBLICATIONS anticipated and approximate date of completion of manuscripts:

NATURE and form of field notes, audio-visual materials, or other original materials that may be deposited at the Library. The Society does not accession material obtained from other archives.

PREVIOUS GRANTS received for this work, including institutional contributions:

| <i>Name of Fund</i> | <i>Dates of Tenure</i> | <i>Amount Received</i> |
|---------------------|------------------------|------------------------|
|---------------------|------------------------|------------------------|

OTHER APPLICATIONS to support this project, currently pending:

| <i>Name of Fund</i> | <i>Purpose</i> | <i>Dates of Tenure</i> | <i>Amount Requested</i> |
|---------------------|----------------|------------------------|-------------------------|
|---------------------|----------------|------------------------|-------------------------|

NAMES and e-mail addresses of two experts you have asked to support this application. Your recommender should discuss: 1) the importance and feasibility of the project and 2) your qualifications to carry out this project.

| <i>Name / E-mail</i> | <i>Name of Institution / Title</i> | <i>Address / Telephone</i> |
|----------------------|------------------------------------|----------------------------|
|----------------------|------------------------------------|----------------------------|

DATE SUBMITTED _____