Internationale Jugendbibliothek International Youth Library

Fellowship Application Form

(Please write in block letters) 1. Personal information											
Last name: (Ms, Mr)											
Nationality (according to passport): Birth date and place Current address: E-mail address:											
										2. Professional qualifications	
										Current professional position:	
										Academic graduation and degree(s):	
Other qualifications: Membership in professional organisations:											
									Please submit separately:		
- a letter (with photograph) about yourself	- a letter (with photograph) about yourself and your involvement with children's and youth literature										
- a list of your publications, projects, etc. i	n the field of children's and youth literature										
- a list of conferences, seminars etc. in wh	nich you have participated or that you organised										
3. Study and research plans											
Topic of the research project you wish to	pursue during your stay at the International Youth Library:										
• •	ription of your research project. Please explain the relevance of the										
·	your research project and which materials in the collection you										
would like to use during your stay.											
How will you use the results of your resea	arch?										
□ PhD thesis	□ MA thesis										
□ publication	□ conference										
□ seminar	□ other:										

How did you	ı learn about the l	Internati	onal Youth Libra	ary?			
References	(names and e-ma	ail addre	sses):				
4. Languag	a ekille						
Active languag							
German:	very good	1	average	1	minimal	1	none
	very good	1	average	1	minimal	1	none
	very good	1	average	1	minimal		
	very good	1	average	1	minimal		
Passive lan	guage skills:						
	very good	1	average	1	minimal		
	very good	1	average	1	minimal		
Fellowships When do yo	are usually grant ou wish to come?	ed for a	period of three of the precise)			eeks).	
·	I period: from		to_				
-	d period: from						
Do you need	d help with finding	g accom	modation in Mur	nich?	Yes /	No	
6. Remarks	s / questions:						
I herewith o	confirm that I wil	I take o	ut health insura	ance for	residency abro	oad for th	e duration of my
stay.							
Place Date				Sian	nature		