The deadline to turn in this application is Friday, July 31, 2020 at 2:00pm, US Central Time.

The Richard E. Greenleaf Library Fellowships
At The Latin American Library
Tulane University
New Orleans, Louisiana

Part I: Cover Sheet
Applicant’s last name/first name: ______________________________________________________

Date submitted: ____________________________________________________________________

Indicate form of address: ( )Ms. ( ) Mr. ( )Dr. Other: ____________________________________

Country of Citizenship: __________________________________________________________________

Country of Current Residence: __________________________________________________________________

Only current residents of Latin American countries (including Puerto Rico, and the non-Spanish speaking Caribbean) are eligible, regardless of citizenship. Citizens of Latin American/Caribbean countries currently living outside the region at the time of application (teaching, conducting research, or enrolled in a U.S. college or university, etc.) are not eligible to apply.

| Information for J-1 visa program required of all foreign scholars |
| City and Country of Birth: ______________________________ | Date of Birth: ______________________________ |
| Country of Permanent Residency: __________________________ | |
| Current U.S. visa Type, if any: ___________________________ | Expiration Date: ____________________________ |

Fellow must obtain a J-1 visa sponsored by Tulane University in order to participate. Important Note: As of January 1, 2015, the U.S. Department of State has issued new regulations for J-1 visa holders. Please look over the document “English Language Proficiency Declaration,” which can be found on the last page of Frequently Asked Questions.

Indicate preferred mailing address: ( ) Home ( ) Office

Home Address: ________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Home Phone:________________________ Personal Email:______________________________
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Office Address:

Department/institution

________________________________________
City/State/Province Country Zip/Postal Code

Office Phone Office Email

University Affiliation, if any:

Academic Title, if any (Prof., Lecturer, etc.):

Advanced degree candidates, indicate year of study:

Discipline (History, Literature, etc.):

Field(s) of Specialization:

Highest Academic Degree: Exact Date Awarded:

Institution from which degree was received:

On what dates would you like to begin and end your fellowship?

Begin: End:

(Fellowships are awarded for a minimum of two months and a maximum of three months, from January 5, 2021 and ending on June 1, 2021. With the exception of the month of January, your stay must begin the first day of the month and end on the last day, e.g., from February 1-March 31. The Library strives to accommodate candidate date preferences but this is not always possible.)

Title of Proposed Research Project:

Referees: (Please list name, address, phone number, e-mail if available). Only TWO referees are allowed. Letters from these and ONLY these two referees below will be accepted. Letters from other persons not listed below WILL NOT BE ELIGIBLE for consideration.

Letter 1: Letter 2:

________________________________________________________________
________________________________________________________________
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Part II: In addition to this cover sheet, please append a curriculum vitae and a list of your publications.

Part III: Also, enclose a very concise description of your research project (1,200 words maximum) preceded by a 100-word abstract of the proposal. The selection committee is interdisciplinary; candidates are encouraged to avoid specialized jargon. Please situate your project within a historiographical or bibliographical context, distinguishing it from existing secondary work.
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At The Latin American Library
Tulane University
New Orleans, Louisiana

Part IV: Form for Referees

To be filled out by the candidate:

Candidate’s name:___________________________________________________

Date:________________________________________________________

Candidate’s telephone:__________________________________________

E-mail:_________________________________

Candidate’s signature:____________________________________________

(By signing this document, the candidate recognizes the confidentiality of this reference and has waived their right of access to it.)

To be filled out by the Referee:

CONFIDENTIAL REPORT ON CANDIDATE FOR FELLOWSHIP
The person named above is applying for a Richard E. Greenleaf Library Fellowship to conduct research at The Latin American Library at Tulane University. S/he has been asked to send you this form together with a description of a proposed research project. Please feel free to include additional sheets, if necessary. We would appreciate receiving your evaluation of the candidate’s proposed research and of his or her ability to carry it out. Please send your letter, to be received no later than Friday, July 31, 2020 at 2:00pm Central Time directly to the address below. E-mail is preferred, but regular mail is also acceptable. Dossiers, including reference letters, must be received no later than the deadline.

Please send your letters to:
Hortensia Calvo, Doris Stone Director, The Latin American Library;
7001 Freret Street; Tulane University; New Orleans, LA. 70118-5549 USA
E-mail: GLfellows@tulane.edu

Name of Referee:______________________________________________

Title:________________________________________________________

Signature of Referee:_________________________________________

Institution and Address:________________________________________

________________________________________________________

Telephone:_____________________ E-mail:__________________________
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At The Latin American Library  
Tulane University  
New Orleans, Louisiana

Part IV: Form for Referees

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Date:_______________________________________________

Candidate’s telephone:__________________________________________

E-mail:_________________________________________________________

Candidate’s signature:____________________________________________

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Name of Referee:_________________________________________________

Title:________________________________________________________

Signature of Referee:____________________________________________

Institution and Address:___________________________________________

________________________________________________________________

Telephone:____________________ E-mail:_____________________________