

*Please fill in and print this form from this Web site.*

**NATIONAL HUMANITIES CENTER FELLOWSHIP APPLICATION**

**4. FINANCIAL INFORMATION FORM**

Name: \_\_\_\_\_ U.S. Social Security #: \_\_\_\_\_

Present position: \_\_\_\_\_

Proposed period of residence at National Humanities Center: \_\_\_\_\_

1. Present annual salary (not including anticipated increases, fringe benefits, extra compensation for summer teaching, consulting fees, or other sources of income) \$ \_\_\_\_\_

2. List sabbatical salary anticipated for grant period \$ \_\_\_\_\_

3. List any other research support you will have for grant period

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total awards** \$ \_\_\_\_\_

Subtract the total of items 2 and 3 from item 1 \$ \_\_\_\_\_

List any other grants or research support for which you are applying for the period you wish to spend at the National Humanities Center.

Source of Support	Amount	Notification Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Point of departure from which you would need travel expenses: \_\_\_\_\_

Members of your immediate family who would accompany you (give full names of spouse and children and give children's ages): \_\_\_\_\_

Please add below or on an attached sheet any further information that affects your request for support from the National Humanities Center.

*Enclose three copies of this form with your completed application; do not attach them to your application materials.*