**Application Form**

CLAG Field Study Awards 2018

Last Name:

First Name:

Applicant Mailing Address (required for CLAG tax reporting):

Telephone:

Email Address:

Department & Institution:

Degree Program: M.A.\_\_\_\_ M.S.\_\_\_\_\_ Ph.D.\_\_\_\_\_ Full-Time\_\_\_\_\_ Part-Time\_\_\_\_\_

Date of Admission to Candidacy:

Date of Anticipated Graduation:

Stage in program:

Are you a member of CLAG? Yes\_\_\_\_\_ No\_\_\_\_\_

If you have a US Social Security number are you willing to provide it to the CLAG Treasurer? Yes\_\_\_ No\_\_\_\_

**Fieldwork Information**

Proposed Study Site (City/region & Country):

Proposed Fieldwork Dates:

**Faculty Advisor**

Name:

Title:

Department & Institution:

Email and Telephone: