



Historians
of Islamic Art
Association

**GRABAR POST-DOCTORAL
FELLOWSHIP**

Application Cover Sheet

Last name / First name / Middle name:

Country of Citizenship:

Address (City, State, Country, Postal Code) / Phone / Email:

Current Address Valid until:

Institutional Affiliation and Status, if applicable:

Please confirm you're a member of HIAA: _____

APPLICATION INFORMATION

Proposal Title:

Host Institution:

Budget Request:

Proposed fellowship dates:

Letter of recommendation requested from:
