



Claims Conference ועידת התביעות
The Conference on Jewish Material Claims Against Germany

**Saul Kagan Claims Conference Fellowship
for Advanced Shoah Studies**

This application must be sent via email to Chavie.Brumer@claimscon.org

Last Name: _____ First Name: _____ Middle initial: _____

Current address: _____

Street: _____ Apt/Floor Number: _____

City: _____ State/Province: _____

Country: _____ Postal/Zip code: _____

Telephone: _____ Fax: _____

E-mail: _____

Permanent address: _____

Street: _____ Apt/Floor Number: _____

City: _____ State/Province: _____

Country: _____ Postal/Zip code: _____

Telephone: _____ Fax: _____

E-mail: _____

Name of university/institution hosting you while doing your Post Doctorate: _____

What year did you begin the program? _____

What year do you expect to complete the program? _____

Name of supervisor/advisor: _____

What is your Post Doc research topic? _____



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What languages do you know? Please be detailed in describing your ability to speak, read and understand these languages. Use as much of the space below as necessary.

Name of university where you did your undergraduate work:

Year of Graduation:

Final GPA:

Degree Received:

Area of Study:

Name of university where you did your graduate work:

Year of Graduation:

Final GPA:

Degree Received:

Area of Study:

Name of university where you received your Ph.D.

Topic of your Ph.D. dissertation:

Field of study you received your Ph.D.

Year you received your Ph.D.:

Name of supervisor/advisor:

Names of your 3 Referees:

List all academic prizes or awards you have received:
