

Student Grant & Fellowship Application
Center for Latin American Studies, Stanford University

Name of Grant/Fellowship: _____

Academic Term(s) of Grant: _____

First Name: _____ Last Name: _____

Student ID Number: _____ Email Address: _____

Local Address: _____

_____ Phone: _____

Country of Citizenship: _____

(required for Ayacucho Fellowship only)

Major Field of Study: _____ Year Entered: _____

Degree Expected: _____ Expected Graduation Date: _____

Advisor: _____

Advisor's Email Address: _____

Recommender: _____

Recommender's Email Address: _____

Second Recommender (if applicable): _____

Secondary Recommender's Email Address: _____

Signature: _____ Date: _____

Please return completed application to:

Program Coordinator
Center for Latin American Studies
582 Alvarado Row
Stanford, CA 94305-8545