

STUDENT FELLOWSHIP APPLICATION
Center for Latin American Studies, Stanford University



Name of Fellowship/Grant: _____

Academic Term(s) of Grant: _____

First Name: _____ Last Name: _____

Student ID: _____ Social Security Number: _____

Email Address: _____

Home Address: _____

_____ Phone: _____

Department/Program/Major: _____

Year Entered: _____

Name of Advisor: _____

Advisor's Email Address: _____

Degree Expected: _____ Expected Graduation Date: _____

Country of Citizenship: _____
(optional unless applying for Ayacucho Fellowship)

Name of Recommender: _____

Recommender's Email Address: _____

Please return completed application to: **Program Coordinator**
Center for Latin American Studies
Bolívar House – 582 Alvarado Row
Stanford, CA 94305-8545

Signature: _____ Date: _____