



application form



TO BE COMPLETED AND PRINTED BY THE APPLICANT AND FORWARDED, WITH ALL OTHER REQUIRED DOCUMENTS, TO: THE CANON FOUNDATION IN EUROPE, BOVENKERKERWEG 59-61 1185 XB AMSTELVEEN, THE NETHERLANDS

The Canon Foundation in Europe offers Research Fellowships for projects to be carried out in Europe or Japan. The duration of a Fellowship is normally 12 months, but shorter periods are also possible with a minimum of 3 months. Grants are established at the discretion of the Foundation and based upon the nature of the project. Prior to filling in this form, the regulations pertaining to application in the guidelines (please click red arrow on the left corner) should be read carefully. Because the form has been designed for applicants from the commercial, governmental and academic worlds, parts of the form may be more or less relevant. Applicants will also understand that for a proper appreciation of candidates, the information needs to be particularly comprehensive.

I HEREBY APPLY FOR A CANON FOUNDATION IN EUROPE RESEARCH FELLOWSHIP

FOR THE PERIOD IN (FIELD OF RESEARCH)

FROM

DAY MONTH YEAR a: GENERAL AREA

TO

DAY MONTH YEAR b: SPECIALITY

PERSONAL DETAILS

FAMILY NAME OF APPLICANT
(AS USED IN PUBLICATIONS FOR
ALPHABETICAL IDENTIFICATION)

NATIONALITY (PRESENT)

FIRST NAMES

NATIONALITY (PREVIOUS)

PREFERRED MAILING ADDRESS (TO BE USED BY THE
CANON FOUNDATION IN EUROPE. PLEASE INFORM THE
FOUNDATION IMMEDIATELY OF ANY CHANGE)

UNIVERSITY, ORGANISATION OR HOME ADDRESS

E-MAIL

DEPARTMENT

TELEPHONE

STREET / PO BOX

TELEFAX

POST CODE AND PLACE (AND PREFECTURE)

COUNTRY





 **HEADER** 

HOME ADDRESS
(IF OTHER THAN THE PREVIOUS)

E-MAIL

TELEPHONE

TELEFAX

DATE OF BIRTH

SEX

MARITAL STATUS

PLACE OF BIRTH

SPOUSE'S FULL NAME AND OCCUPATION

NUMBER OF CHILDREN AND (IN
BRACKETS) YEAR OF BIRTH

PROFESSIONAL DETAILS

PRESENT PROFESSIONAL POSITION

AT WHAT UNIVERSITY, INSTITUTION OR ORGANISATION IS THIS POSITION HELD ? (NAME AND ADDRESS)

EDUCATION SUMMARY

UNDERGRADUATE

NAME AND PLACE OF INSTITUTION

PERIOD: FROM - TO

DEGREES/DIPLOMAS OR
PROFESSIONAL QUALIFICATIONS

GRADUATE

NAME AND PLACE OF INSTITUTION

PERIOD: FROM - TO

DEGREES/DIPLOMAS OR
PROFESSIONAL QUALIFICATIONS





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OTHER

NAME AND PLACE OF INSTITUTION	PERIOD: FROM - TO	DEGREES/DIPLOMAS OR PROFESSIONAL QUALIFICATIONS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOPIC OF THESIS

NAME AND ADDRESS OF YOUR ACADEMIC ADVISOR, DIRECTOR OR PROFESSIONAL SPONSOR

WAS THE COMPLETE THESIS PUBLISHED? PLEASE STATE PLACE AND YEAR OF PUBLICATION

ARE YOU PRESENTLY PREPARING FOR AN EXAMINATION OR ACADEMIC DEGREE? IF SO, PLEASE STATE THE NAME AND DATE OF THE EXAMINATION

LANGUAGE ABILITY

MOTHER TONGUE:

OTHER LANGUAGES:

PROFICIENCY (PLEASE MARK)

	GOOD	MODERATE	POOR
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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BUSINESS EMPLOYMENT RECORD

PERIOD: FROM-TO:	POSITION (LOCAL TITLE)	EMPLOYER AND PLACE OF WORK	RESPONSIBILITIES

PREVIOUS OR PRESENT STAY(S) IN EUROPE/JAPAN (STUDY AND WORK TRIPS OF AT LEAST ONE MONTH'S DURATION)

PERIOD: FROM - TO:	INSTITUTION/ORG.	PURPOSE	FINANCED BY

STAYS OTHER THAN EUROPE AND JAPAN (STUDY AND WORK TRIPS OF AT LEAST ONE MONTH'S DURATION)

PERIOD: FROM - TO:	INSTITUTION/ORG.	PURPOSE	FINANCED BY

HAVE YOU BEEN GRANTED A FELLOWSHIP BEFORE BY ANY OTHER INSTITUTION? YES NO

PERIOD: FROM - TO: _____

RESEARCH SUBJECT _____ AWARDING INSTITUTION _____ PLACE OF WORK _____

FUTURE PROFESSIONAL PLANS - INDEPENDENT OF THIS APPLICATION FOR A CANON FOUNDATION IN EUROPE RESEARCH FELLOWSHIP

DO YOU CURRENTLY HOLD AN ACADEMIC FELLOWSHIP? YES NO

HOW DID YOU LEARN ABOUT THE CANON FOUNDATION IN EUROPE RESEARCH FELLOWSHIP? _____





NAME THE INSTITUTION OR ORGANISATION WHERE YOU WOULD LIKE TO CARRY OUT YOUR RESEARCH PROJECT

NAME

ADDRESS

FACULTY

DEPARTMENT

TELEPHONE

TELEFAX

E-MAIL

NAME THE SCHOLAR OR MONITOR WITH WHOM YOU PLAN TO WORK:

HAVE YOU DISCUSSED THE RESEARCH PLAN WITH THE SCHOLAR OR MONITOR MENTIONED?

WHEN DID THE SCHOLAR OR MONITOR CONFIRM THAT HE OR SHE WILL PROVIDE YOU WITH THE NECESSARY WORKING FACILITIES? (PLEASE ENCLOSE A COPY OF THE INVITATION WITH YOUR APPLICATION).

 YES NO

WHAT ARE THE REASONS FOR WHICH YOU PROPOSE YOUR RESEARCH PROJECT AS BEING DESERVING OF A CANON FOUNDATION IN EUROPE FELLOWSHIP?

I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE CORRECT AND COMPLETE AND THAT I AM OF SOUND HEALTH AND THAT I AM FREE TO CARRY OUT THE ENVISAGED RESEARCH PROJECT IN EUROPE AND/OR IN JAPAN.

I AGREE THAT MY PERSONAL DATA MAY BE STORED AND PUBLISHED IN LISTS OF RESEARCH FELLOWS, GIVING NAMES, SUBJECTS, HOME ADDRESSES AND PERIODS OF SPONSORSHIP.

DATE:

SIGNATURE OF APPLICANT:

