

PERSONAL DATA

Name _____

Address _____

Email _____ Phone _____

EDUCATIONAL BACKGROUND

List all colleges, universities, and graduate programs attended with dates:

PROGRAM NAME	DATES

List relevant coursework:

APPLICANT'S STATEMENT

The information that I have supplied in this application packet is true to the best of my knowledge. I understand that the material submitted with this application becomes the property of the Amon Carter Museum of American Art and will not be released to another party, nor will it be returned.

NAME (PRINTED)	SIGNATURE	DATE

YOUR COMPLETE APPLICATION INCLUDES:

- Application form
- Description of project, including work plan and length of stay
- Curriculum vitae
- Synopsis of Master's and Doctoral Theses
- Three letters of recommendation (to be sent directly to the museum by each reference)

LETTERS OF RECOMMENDATION SHOULD BE SENT DIRECTLY TO THE MUSEUM BY EACH REFERENCE.

Samuel Duncan
 Amon Carter Museum of American Art
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 Fort Worth, TX 76107-2695
or
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