

OLIN FELLOWSHIP APPLICATION

In applying for an ASF Fellowship, we recommend you observe the following guidelines:

1. Type or neatly print all information.
2. Insure that all requested attachments accompany your application: 1) statement of your qualifications, 2) transcript of grades, if applicable, 3) description of the program/project for which you are seeking the Fellowship, 4) supporting documentation, if required.
3. Make certain that your project description contains complete and concise information on all the points listed in Item 6, Page 2, of the application form. Applications are judged largely on the information contained in this section.
4. Mail your application, in time to meet the March 15 deadline, to:

Should you have any questions regarding application procedures please contact: Olin Fellowships,
Atlantic Salmon Federation, P.O. Box 5200, St. Andrews, N.B., EOG 2X0, Canada.

PERSONAL DATA

1. Name: Dr. Mr. Ms. (Last) (First) (Middle)

2. Mailing Address:

3. Permanent Address: (if different)

4. Home telephone:

5. Business telephone:

6. Date of Birth:

7. Citizenship: If other than American or Canadian, state your present status in either of these countries: .

EDUCATION AND EMPLOYMENT

Attach a concise statement of your qualifications for the program for which you are seeking this Fellowship. Include: 1) Information on your present employment or course of study. 2) A brief biographical sketch of your educational and professional achievements, including degrees or certificates received, awards for achievement or service, and recent grants or scholarships. 3) Information on your previous or present work/study projects which have particular relevance to your proposed program.

If you have graduated from an academic or technical course in the past three years, or are currently a student, please attach (or have forwarded) a copy of your most recent transcript of grades.

PROPOSED PROGRAM

1. Title of Program:

2. Title of Specific Study/Research Project (if different):

3. Site of Program (institution and mailing address):

4. Program Begins (date):

5. Program Ends:

6. Description of Project/Program: 1) Program/project content, specific objectives and timetable. 2) Justification (background and/or future implications). 2) Proposed budget. 2) Cooperating organizations, if any, and the extent of funding from these sources (list grants received or sought).

7. Attach letter of acceptance or other documentation indicating approval of your program from the institution where you intend to hold this Fellowship, if such approval is a prerequisite of your program.

RECOMMENDATIONS

List two persons not related to you to whom we may refer for recommendations. 1) One person under whom you have studied or worked (name, address and telephone): 2) One person from the organization with which you are now associated (name, address and telephone):

Your signature

Date

APPLICATION ABSTRACT

Name of Applicant:

Project Description (50 words or less):

Purpose/Implications of Proposed Study Goals (50 words or less):

Time Frame of Proposed Study:

Site of Activity:

Cost to ASF:
