

**Historical Library  
Harvey Cushing/John Hay Whitney Medical Library  
Yale University  
FERENC GYORGYEY RESEARCH IN THE HISTORY OF MEDICINE TRAVEL AWARD  
Application for FY 201**

**1. Applicant's Name:**

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**2. Short Title of Project:**

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**3. Present Affiliation:**

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(Title)

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(Department)

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(Institution)

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(Street)

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(City, State, Zip)

**4. Home Address:**

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(Street)

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(City, State, Zip)

**5. Telephone:**

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(Work)

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(Home)

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(Cell)

**6. Email:**

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**7. References:** Please provide contact information for two people who will be sending letters of recommendation based on this particular proposal.

_____
Name
_____
Affiliation
_____
(Phone)
_____
(Email)
_____
Name
_____
Affiliation
_____
(Phone)
_____
(Email)

**Along with this Application form, please include the following:**

**8. Curriculum vitae:** Attach your CV (abbreviated form is fine). Please include:

- a. Educational history. Include any program in which you are currently enrolled, and the institutions, fields of study, and degrees conferred.
- b. Research and professional experience.
- c. Personal bibliography.

**9. Project proposal:** attach a description (no more than 2000 words) of your proposed research, how it relates to your broader research goals, and how the resources of the Historical Library are relevant.

**10. Approximate date of visit to the Historical Library:** \_\_\_\_\_

**11. Budget:** Attach an estimated budget including travel, living costs while in New Haven, as well as costs for reproductions.

**12. Agreement and signature:**

**I certify that the information in this application is true to the best of my knowledge.**

_____	_____
(signature)	(date)

Please mail to: **FERENC GYORGYEY RESEARCH TRAVEL AWARD**  
**Historical Library, Cushing/Whitney Medical Library,**  
**Yale University,**  
**P.O. Box 208014, New Haven, CT 06520-8014**

Or email: **Melissa Grafe: melissa.grafe@yale.edu**  
**by May 1st, 2016**