

Bard Graduate Center Fellowship Application (2024–25)

Name:			
Department:			
Institution:			
Preferred mailing	address:		
City:		_State:	Zip:
Country:		Phone: _	
Are you legally au	thorized to work	in the United S	States for any employer?
	e Future Fellows	ship (Scholar)	
Please let us know	v your preferred	length and dat	tes of the fellowship:
·		·	roject you will be working on