

**Application**

**Franklin Mosher Baldwin Fellowships**

**of the L.S.B. Leakey Foundation**

|   |  |
|---|--|
| <p>1. Name of Candidate: Dr. ___ Ms. ___ Mr. ___<br/>(<i>underline surname or family name</i>)</p>  | <p>2. Home Country/Country of Residency:<br/>Country of Citizenship:<br/>Date of Birth:<br/>Place of Birth:</p>  |
| <p>3. Host Institution (<i>name &amp; department</i>):</p>  | <p>4. Home Institution (<i>name &amp; department</i>):</p>   |
| <p>5. Host Sponsor (<i>include title &amp; department</i>):</p>   | <p>6. Home Sponsor (<i>include title &amp; department</i>):</p>  |
| <p>7. Have you been formally accepted by Host Institution: Yes ___ No ___<br/>Expected Date of Notification:</p>  | <p>8. Are you competent in the language of the country in which you will be studying:<br/>Yes ___ No ___</p>   |
| <p>9. What academic degree, if any, are you pursuing with this application?<br/>Academic Year Start Date:<br/>Expected Date of Completion:</p>  | <p>10. What is your current degree and/or position at your Home Institution?</p>   |
| <p>11. Area of study you wish to pursue at Host Institution (<i>discipline of degree and area of specialization</i>):</p>   | <p>12. Course of study and/or job experience at Home Institution:</p>  |
| <p><b>ATTACHMENT A (Budget Worksheet) must be completed before filling in Items #13-#16.</b></p>  |  |
| <p><b>13. TOTAL BUDGET REQUIRED</b> for one year of the study/training program in US dollars (<i>living expenses, fees, travel, tuition</i>): <b>First complete Budget Worksheet.</b></p> | <p><b>14. TOTAL AMOUNT REQUESTED FROM THE LEAKEY FOUNDATION</b> for the first year of study in US dollars: <b>First complete Budget Worksheet.</b></p> |
| <p>15. Are budget figures based on figures provided by the institution to which you are applying. If no, please explain.<br/>Yes ___ No ___</p>   |  |

**16. OTHER SOURCES OF AID** (May include tuition waiver, teaching assistant/lab positions, travel, stipend, etc.):

|                      | <b>Type of Support</b> | <b>Amount</b> | <b>Date Expected</b> | <b>Date</b> |
|----------------------|------------------------|---------------|----------------------|-------------|
| <b>Received</b>      |                        |               |                      |             |
| Home contribution:   |                        |               |                      |             |
| Host contribution:   |                        |               |                      |             |
| Other contributions: |                        |               |                      |             |

**17. Required Signatures of individuals involved in this application for a Franklin Mosher Baldwin Fellowship**

I have completed and/or read the complete application and Attachments A, B, C and D. Attachments E and F will be mailed separately.

Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

Home Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Host Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

**Attachments: On separate sheets or the attachment forms provided, attach the following:**

- A. Budget Worksheet** (Attachment A provided below)
- B. Contact Information** (Attachment B provided below)
- C. Statement of Purpose/Research Proposal:** Please label your Statement of Purpose as "Attachment C" and cover the following three items:
  - (1) **Plan for Study or Training:** describe your plan for study or training, include your relevant educational and work-related background, and reasons for undertaking additional study or training.
  - (2) **Research Interests:** describe your research interest, either those already developed or those you hope to pursue in the future.
  - (3) **Professional Goals and Prospects for Employment in your Home Country:** state your professional goals/plans and your prospects for employment upon completion of your degree or training.

**D. Curriculum Vitae/Biographical Information**

Please label your C.V. as "Attachment D." Include education and degrees, related work experience, and field or museum experience.

**You must send or give the included Attachments E and F to your Home and Host Sponsors and request that they return them to the Leakey Foundation by the stated deadline.**

**E. Home Sponsor Support Letter** (Attachment E provided below)

**F. Host Sponsor Support Letter** (Attachment F provided below)

# Attachment A

## Budget Worksheet

Please itemize the entire estimated budget you will require for the first year for which you are requesting support. Indicate which expenses will/may be covered by other sources of aid such as the Host Institution, the Home Institution, other funding agencies, or personal contacts. You may use additional pages if necessary.

When you have worked out your complete budget, please transfer the total amounts received, expected, or requested to the first page of your application under Item #13, "Total Budget Required," Item #14, "Total Amount Requested from the Leakey Foundation", and Item #16, "Other Sources of Aid."

| Item             | Amount Requested from<br>the Leakey Foundation<br>(US dollar amount) | Requested or Received from<br>Other Sources*<br>(spell out names) | Total Projected Expense<br>(US dollar amount) |
|------------------|--|---|---|
| Tuition          |  |   |   |
| Other fees       |  |   |   |
| Books & supplies |  |   |   |
| Food             |  |   |   |
| Lodging          |  |   |   |
| Insurance        |  |   |   |
| Travel           |  |   |   |
| Other (specify)  |  |   |   |
| <b>TOTALS</b>    |  |   |   |

**\* Draw a circle around amounts you have already received or been awarded.**

From what source(s) did you receive the above information?

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**Attachment B**

**Contact Information**

**Candidate:**

Title: First Name(s): Last Name(s): *(family/surname)*

Mailing Address:

Telephone: Fax:

E-mail address:

**Home Sponsor:**

Title: First Name(s): Last Name(s): *(family/surname)*

Mailing Address:

Telephone: Fax:

E-mail address:

**Host Sponsor:**

Title: First Name(s): Last Name(s): *(family/surname)*

Mailing Address:

Telephone: Fax:

E-mail address:

**Financial Responsibility:**

Please indicate the institution name to which payment of the check should be made.

**Make Check Payable To:** \_\_\_\_\_

Indicate the name and address of the institution office which handles the administration of grants and which will be *responsible for submitting a financial accounting to the Foundation*. (e.g., Sponsored Programs, Grants Administration, Fiscal Administration, or your department).

**Contact Person and Telephone:** \_\_\_\_\_  
Contact Name Telephone

**Office/Department:** \_\_\_\_\_  
E-Mail

**Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Attachment E

### Please Give this to your Home Sponsor Franklin Mosher Baldwin Fellowship Application

**Letters from Sponsors:** Applicants should request letters from both the Home Sponsor and the Host Sponsor to be sent directly to the Foundation.

Applicant's Name \_\_\_\_\_

**To the Home Sponsor:**

The above individual is submitting an application to the Leakey Foundation for a Franklin Mosher Baldwin Fellowship. This fellowship is intended for scholars and students with citizenship in an African country who seek to obtain an advanced degree in an area of study related to human origins research. This award is for a program of approved special training and/or advanced training towards an M.A. or Ph.D. or equivalent and is limited to two years of support. Each applicant must indicate the name of a Home Sponsor. The Home Sponsor must be the appropriate department head or individual from the institution with which the candidate is affiliated in the home country and in which the candidate intends to pursue a career. The applicant named above has listed you in that capacity.

Since this fellowship is intended to be a partnership between the candidate and both the Host and Home Institutions, it is expected that candidates will be offered support by these institutions in the form of financial assistance and/or, upon completion of training, assistance in obtaining employment in the Home Country.

If you agree to serve as Home Sponsor for the applicant should a fellowship be awarded, please submit a letter of recommendation to the Foundation which covers the following points:

- (a) the candidate's qualifications;
- (b) the reasons the candidate needs training abroad;
- (c) the kinds of support (monetary or other) that the Home Institution and/or the home government will provide; and
- (d) the candidate's employment and research prospects upon return to the home country.

**Please send the letter to:**  
Program & Grants Officer  
The Leakey Foundation  
P.O. Box 29346  
1003B O'Reilly  
San Francisco, CA 94129  
USA

**Inquiries may also be directed to:**  
The Grants Department  
Phone: (415) 561-4646  
Fax: (415) 561-4647  
grants@leakeyfoundation.org

# Attachment F

## Please Send this to Your Host Sponsor Franklin Mosher Baldwin Fellowship Application

**Letters from Sponsors:** Applicants should request letters from both the Home Sponsor and the Host Sponsor, to be sent directly to the Foundation.

Applicant's Name \_\_\_\_\_

### To the Host Sponsor:

The above individual is submitting an application to the Leakey Foundation for a Franklin Mosher Baldwin Fellowship. This fellowship is intended for scholars and students with citizenship in an African country who seek to obtain an advanced degree in an area of study related to human origins research. This award is for a program of approved special training and/or advanced training towards an M.A. or Ph.D. or equivalent and is limited to two years of support. Each applicant must indicate the name of a Host Sponsor who must be a member of the department or program in which the candidate intends to pursue training. The applicant named above has listed you in that capacity.

The Host Sponsor must be willing to assume responsibility for overseeing the candidate's training and reporting requirements. This includes annual progress reports and ensuring that transcripts and financial statements are sent to the Foundation by the Host Institution. The Host Sponsor must also be willing to obtain additional financial assistance for the candidate. The preferred form of assistance includes tuition waivers as well as supplemental monetary support.

If you agree to serve as Host Sponsor for the applicant should a fellowship be awarded, please:

- (1) **Submit a letter** to the Foundation providing your confidential assessment of the candidate and covering the following points:
  - (a) the candidate's prospects for success in the proposed program of study/training;
  - (b) the length of time that is likely to be required for completion of this program (if this program or estimated time of completion is more than two years, where will additional funds be obtained?);
  - (c) the facilities and support to be made available to the candidate while at the Host Institution; and
  - (d) any financial assistance that the Host Institution will offer the candidate. (Past Host Institutions have provided travel, fellowship support, waived tuition, or subsidized living accommodations.)
- (2) **Locate your institution's contractual and fund administration office** and provide the Foundation with the name, address, phone number and e-mail of the appropriate contact.

### Please send the letter to:

Program & Grants Officer  
The Leakey Foundation  
P.O. Box 29346  
Presidio Building 1003B  
O'Reilly Avenue  
San Francisco, CA 94129  
USA

### Inquiries may also be directed to:

The Grants Department  
Phone: (415) 561-4646  
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