

**THE AMERICAN CENTER OF ORIENTAL RESEARCH
AMMAN, JORDAN**

**JENNIFER C. GROOT FELLOWSHIP
BERT AND SALLY DE VRIES FELLOWSHIP
HARRELL FAMILY FELLOWSHIP
PIERRE AND PATRICIA BIKAI FELLOWSHIP
MACDONALD/SAMPSON FELLOWSHIP**

FELLOWSHIP INFORMATION FOR APPLICANT

(Please read carefully)

I. Eligibility

Please read carefully the individual page of information for each fellowship to determine if you are eligible. You may apply for all fellowships for which you are eligible.

The Groot, de Vries, Harrell, and MacDonald/Sampson Fellowships may provide travel funds for the awardee. The de Vries, Harrell, and MacDonald/Sampson, Fellowships may also be used for independent projects. The Bikai and MacDonald/Sampson (residency option) Fellowships are intended for residency and study at the ACOR center in Amman.

Under qualifying circumstances, it may be possible to receive more than one of these Fellowships, but usually only one Fellowship will be awarded per person. Only one Fellowship for travel costs will be awarded.

II. International Travel

Jordanian visa applications are available to U.S. citizens at Jordanian Consulates, on the web, or from the ACOR Boston office. You are strongly urged to use a passport that does not bear an Israeli stamp for entering Jordan and for travel to other countries in the region.

III. Research and Field Work Itinerary

In the event that an ACOR fellowship recipient must significantly alter the study itinerary or travel plans presented in the original proposal, approval should be sought from the ACOR Fellowship Committee.

All fellows are expected to participate in an archaeological field project or research in Jordan on a full-time basis for the duration of their award period.

IV. Independent Research and Permits

If your independent research or fieldwork will require an official permit issued by the Jordanian Department of Antiquities, you must provide the Fellowship Committee with proof that the permit application process has been initiated.

If your independent research or fieldwork will involve interviews, questionnaires, or survey of living human subjects, you must provide the Fellowship Committee with proof that all necessary Institutional Review Board (IRB) inputs and approvals from your home institution have been or will be obtained. Applicants are also required to provide the name and contact information of the current director of IRB at the home institution.

V. ACOR Facilities

The ACOR institute in Amman is a residential research facility housing up to 56 scholars at any given time. The ACOR library contains some 35,000 books and periodicals. While the library collection emphasizes archaeology, art history, anthropology, and ancient Near Eastern studies, it also contains many works on Middle Eastern religions, Biblical studies, political science, economics, history (medieval and modern), and related topics. Fellows should note that other libraries are available in Jordan, including the University of Jordan library located a ten-minute walk from ACOR. ACOR also provides a lecture room, conservation laboratory, computer facilities and other technical equipment, kitchen facilities, and communal lounge areas.

VI. Statement of Non-political Activity

By accepting an ACOR fellowship, the recipient agrees not to engage in any activities, political or other, that may cause problems for the host country, the United States government, or ACOR.

VII. Final Report

Each recipient of an ACOR fellowship must submit a written report within two months of the conclusion of the award period. Report guidelines will be provided and \$100 of the award will be withheld until the report is received. An acknowledgment of ACOR support must be included in published reports of the project.

VIII. Selection

Applications will be evaluated by the ACOR Fellowship Committee and independent reviewers chosen by the committee. Final selection is determined by the ACOR Fellowship Committee.

INSTRUCTIONS FOR ACOR FELLOWSHIP APPLICANTS

A. DEADLINE

The deadline for all applications and supporting documents (including transcripts and letters of recommendation) is **February 1, 2010**. Signed applications and all supporting original documents must be received by the ACOR Fellowship Committee on or before that date.

B. APPLICATION BY POST OR ONLINE

If you submit a paper application, the packet must consist of the signed application (including the completed cover sheet, page 6 of this form) and the completed Health Insurance and Waiver Forms (pages 9 and 10 of this form) with original signatures. Do not include letters of recommendation or transcripts: these must come directly from your referees and institute. Fax and e-mail letters of recommendation will not be accepted. Mail your application to the ACOR Fellowship Committee at the Boston office address given below.

If you submit an electronic application online, your signature will be represented by a check box at the end of the application form. The required Health Insurance and Waiver Forms will be mailed later to successful applicants. Letters of recommendation and transcripts must come directly from your referees and institute. Fax and e-mail letters of recommendation will not be accepted.

Please check your application carefully before submitting it to the ACOR Fellowship Committee. Failure to follow directions or answer all questions may disqualify you from consideration.

C. PROJECT APPROVAL: See Item 10

Groot Fellowship:

Consult your project director to determine if the project has been approved for affiliation by the ASOR Committee on Archaeological Policy (CAP). Project approval by CAP is required for this fellowship.

Harrell, Bikai, MacDonald/Sampson, and de Vries Fellowship:

Your project or research program must have prior approval from a recognized academic review body. This may be obtained as follows:

(1) If you are applying for funds to participate on a larger project, you must ask the project director to send a letter directly to ACOR stating that you have been accepted as a project team member. This letter must also indicate the nature of the academic review which the project has successfully passed. This may be approval in the form of a letter or in the form of financial support from the ASOR Committee on Archaeological Policy, the National Endowment for the Humanities, the National Geographic Society, the National Science Foundation, the Wenner-Gren Foundation, or other such recognized academic review panels.

(2) If you are applying for funds to conduct an independent research project, you must provide proof that your project has adequate funding and has successfully passed an academic review process. This proof may take the form of a letter from the Director of ACOR, a copy of an award letter from another grant giving institute, a copy of an official permit or letter from the appropriate governmental offices, or a letter of support from a noted scholar in the field. This documentation must be included in your application packet.

D. TRANSCRIPTS: See Item 12

Applicants must arrange to have copies of their transcripts sent to the ACOR Fellowship Committee. First year graduate students should submit both graduate and undergraduate transcripts. Only **official** transcripts sent directly to ACOR from your registrar's office, and bearing the registrar's seal, will be accepted. Transcripts forwarded by the applicant **will not** be accepted. If your registrar's office is unable to comply with these instructions, call the ACOR office to discuss the situation. The transcripts must be received on or before the application deadline. If your university's grading system differs from that most commonly used in the United States, have your university registrar include a letter (in English) explaining the grade equivalents.

E. LETTERS OF RECOMMENDATION: See Item 15

Letters of recommendation must be addressed and mailed **directly** to the ACOR Fellowship Committee by your referees. All letters must be received in the Boston office on or before the deadline. Recommendations sent by fax or e-mail will not be accepted. Ask those who write letters to describe your ability to live and work under physically, emotionally, and socially difficult conditions, and to comment on your experience and qualifications for the proposed project. One of the letters should be provided by the candidate's principal academic advisor or project director.

F. HEALTH INSURANCE AND WAIVER FORMS: See Item 17

Fill out both forms completely and sign. Incomplete forms will not be accepted. Online applicants will complete these forms at a later date. All ACOR awardees must carry health insurance for the period of their award term.

G. INSTRUCTIONS FOR APPLICANTS RESIDING OVERSEAS:

(1) Make every attempt to submit your application before the deadline. Contact the ACOR office in Boston, **before** the deadline to determine if your supporting documents have arrived.

(2) Use paper that is 11 inches in length. If your local paper is longer, it should be trimmed to the correct dimensions.

(3) Send only **one copy** of your complete application in a reinforced or padded envelope.

(4) If possible, provide the Boston office with phone, fax, and e-mail numbers where you may be contacted.

(5) Applicants in Jordan should be in contact with the ACOR center in Amman. The office in Amman is in e-mail contact with the Fellowship Committee and can advise you on the status of your application. Applicants outside Jordan and the U.S. are urged to provide the name, address, and contact numbers for a person in Jordan or the U.S. who is willing to act on your behalf during the application process. This person should be someone who is able to contact you and, if necessary, your registrar's office and the persons who will be writing letters of support on your behalf. You need to notify this individual that you have given their name to ACOR.

H. ACOR and ASOR

ACOR, the American **Center** of Oriental Research, and **ASOR**, the American **Schools** of Oriental Research are separate organizations, although they share the same address. Direct all ACOR correspondence to ACOR (tel. 617-353-6571).

**AMERICAN CENTER OF ORIENTAL RESEARCH (AMMAN, JORDAN)
APPLICATION 2010-2011**

Review fellowship requirements on the one-page announcements. Check below all fellowships for which you qualify according to your project (travel and/or study funds), your nationality, and your status (graduate or undergraduate).

GROOT ___ HARRELL ___ BIKAI ___ MACDONALD/SAMPSON ___ DE VRIES ___

Submit **1 copy** of the complete application. Please type (single sided and double spaced). Your name should appear on each page. Use this page as your cover page (type or print).

1. Name _____
Present Address _____
_____ Zip Code _____
Phone: _____ Fax: _____ E-mail: _____

Permanent Address _____
_____ Zip Code _____
Phone: _____ Fax: _____ E-mail: _____
2. Date of Birth _____ (mm/dd/yy) Citizenship _____
3. I learned of this application from _____
Date of Application _____
4. I have previously received an ACOR or ASOR grant (Y/N) _____
Name of previous grant _____ Year awarded _____
5. Degree sought: _____ Department or field of study: _____
Years completed: _____ Expected date of degree: _____
If not currently enrolled in a degree program, please explain your status: _____

6. Present academic or professional affiliation _____
Address: _____

- 7a. Dates if joining an archaeological project: from _____ to _____
Name of project director: _____
Name of the project: _____
- 7b. Dates if proposed independent research: from _____ to _____
- 7c. My research concerns an independent research project ___(Y/N), or research associated with a larger archaeological project ___ (Y/N). I plan to reside at ACOR ___ (Y/N).
Dates of proposed residency at ACOR: from _____ to _____

Continue with Nos. 8–18 in sequential order.

***The second page of your application should begin with item No. 8; number your responses to correspond to the order of the instructions and number each page of the application.*

***Do not include this and the following page of instructions in your application packet.*

***Your responses should be **typed and double spaced** on single sided pages and your name should appear on each page.*

***Do not include reprints, seminar papers, or other supplementary material.*

8. Title of proposed project.

9. Proposed project:

- (a) Describe the project and your proposed participation in it.
- (b) State your qualifications for participation.
- (c) Explain your goals for the project and how you expect to accomplish them.
- (d) Indicate how your project relates to an understanding of Jordanian archaeology, history, or culture.
- (e) If a graduate student and applying for the **Bikai, or MacDonald/Sampson Fellowship** (residency option) (which requires extended residency at ACOR), describe the research that you will undertake at that time.

10. Academic Review:

- (a) If your work is related to or under the auspices of an ongoing field or study project, a letter of verification from the project director must be sent directly to ACOR. This letter should also state the nature of the academic review that the project has successfully passed. If you are applying for a Groot Fellowship, the project must be approved by the ASOR Committee on Archaeological Policy (CAP). Contact the project director to determine project affiliation status.
- (b) If you are conducting an independent research project, submit proof that your research has been accepted by ACOR or another academic institute as a scholarly and ethical project.

11. Educational History:

- (a) List in chronological order the institutions of higher learning that you have attended.
- (b) Give dates of attendance and degree awarded.
- (c) Name the degree, institution, and expected date for completion of your degree.

12. Transcripts: See Item D

- (a) Request the institution at which you are currently enrolled to provide an **official** transcript directly to the ACOR office before the application deadline. First-year graduate students should also request a transcript from the institution that awarded their undergraduate degree.
- (b) If you are just starting graduate studies, include in this application a copy of your letter of acceptance into a graduate program from the university or institution and request a transcript from the institution that awarded the undergraduate degree.

13. Experience:
 - (a) Describe all previous archaeological fieldwork: name and location of the project(s), dates of your participation, and your responsibilities.
 - (b) Describe other archaeological experience, including laboratory work, artifact analyses, and museum experience.
 - (c) Describe any fellowships, honors received, positions held, and other experience related to the purpose of your application.

14. Financial Resources:
 - (a) List all other financial support applications you have made for this project.
 - (b) Give details of your plans to finance the balance of this project.
 - (c) Applicants are encouraged to apply for other sources of funding, but ACOR must be informed if you accept other awards.

15. Provide the name, address, and telephone number of the three persons you have asked to write letters of recommendation. Arrange to have the references sent directly to the ACOR office before the application deadline. See Item E.

16. State your intention to submit a Final Report to ACOR, describing your work and its contribution to Jordan, within two months of completion of the award period. A portion of the grant (\$100) will be withheld until the Final Report is received.

17. Submit the completed and signed Health Insurance Form and the Waiver Form (absolving ACOR of all responsibility in the event of medical needs, accident, war, or natural disaster). Note that these forms will be collected later if you are submitting an electronic application. See Item F.

18. Complete the application with the statement "I verify that the information cited in this application is complete and correct." The statement should be followed by your signature and the date. Note that if you are submitting an electronic application your signature will be represented by a check box at the end of the application form.

Following directions carefully is important for your application. Allow time to check that you have filled out the application correctly and have maintained the correct format.

All application materials must be **received** at ACOR on or before the deadline. The applicant is also responsible for the arrival of three signed letters of recommendation and official transcripts at the ACOR office on or before the deadline. Please give your transcript office and referees adequate notice to insure that material arrives before the deadline. Transcripts and letters sent by fax or e-mail will not be accepted.

The application deadline is February 1, 2010

ACOR FELLOWSHIP COMMITTEE
656 Beacon Street, 5th Floor
Boston, MA 02215 USA

Applicants will be contacted by the ACOR office in Boston on or before the deadline to confirm that all letters and materials have arrived.

ACOR: Tel: 617-353-6571, Fax: 617-353-6575, E-mail: acor@bu.edu

HEALTH INSURANCE FORM

ACOR FELLOWSHIPS

1) Health and accident insurance is **required** for awardees. All applicants must fill out this form. If you do not carry health insurance at this time, this fact will not influence your chances of receiving an award. However, each applicant who receives an award must be prepared to provide proof of health and accident insurance before any award funds can be allocated.

2) Do you have a current health insurance policy? Yes: _____ No: _____

If YES, please complete the following:

Company Name _____

Policy # _____ Date of Expiration _____

I hereby state that if I am awarded an ACOR Fellowship, and I accept this award, I will submit proof of this (or other) health and accident insurance coverage one month prior to the inception of my award term.

Name (print) _____

Signature (in ink) _____ Date _____

If NO, please complete the following:

I hereby state that if I am awarded an ACOR Fellowship, and I accept this award, I will obtain health and accident insurance coverage and submit proof of this coverage one month prior to the inception of my award term.

Name (print) _____

Signature (in ink) _____ Date _____

3) I release ACOR and all grant giving agencies from health cost and/or responsibilities. Enclosed is my signed copy of the mandatory Release and Waiver form that ACOR has provided for me.

Name (print) _____

Signature (in ink) _____ Date _____

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT!

AMERICAN CENTER OF ORIENTAL RESEARCH (ACOR), AMMAN
RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability (the "Release") is executed in favor of the American Center of Oriental Research (ACOR) and its affiliated organizations, directors, officers, employees, and agents.

I, _____, desire to be associated with ACOR as a Grantee or Fellow and to engage in the activities and work under the circumstances in which ACOR is involved. I understand this may include, but may not be limited to, traveling to and from other countries, traveling to and from cities and towns outside the United States of America, consuming the food and living in those accommodations available in the foreign country(ies) in which I am working in whatever project or related offices ACOR provides, and living and working in cultures and with people whose living conditions, social practices and values, and even attitudes toward foreigners may be significantly different from those in my home country and culture.

I hereby freely and voluntarily, without duress, execute this Release under the following terms:

General Waiver and Release. I, _____, release and forever discharge and hold harmless ACOR and its affiliated organizations, directors, officers, employees, and agents, and their successors and assigns, from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my accepting a fellowship with ACOR whether such liability, claims, or demands results from travel, from disease, consumption of food, or from civil unrest or otherwise.

I understand and acknowledge that this Release discharges ACOR from any liability or claim against ACOR with respect to any bodily injury, personal injury, illness, death, monetary loss or property damage that may result from my fellowship with ACOR. I understand that ACOR assumes no responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death, accident, monetary loss or property damage.

Accompanying Dependents/Companions. I understand that ACOR assumes no responsibility of any sort for any injuries suffered, or costs/damages incurred by any of my accompanying dependents/companions, regardless of the source of funding of their travel, living accommodations or other support during my fellowship. I affirm that I have informed my accompanying dependents/companions of the fact that ACOR assumes no responsibility for them if they choose to accompany me on my fellowship.

Medical Treatment. I hereby release and forever discharge ACOR from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered to me or to my dependents/companions in connection with an emergency or health problem during my fellowship with ACOR.

Assumption of Risk. I understand that my fellowship with ACOR may include activities and circumstances that may be hazardous to me, including, but not limited to, international travel, local transportation in the country of my fellowship, poor health conditions, inadequate medical treatment facilities and other inherent dangers. I recognize that I may be traveling to and from locations that pose risks from terrorism, war, insurrection, or criminal activities. I understand that I assume the risk of being taken hostage and held for payment of ransom and that it is ACOR's policy never to pay ransom to kidnappers at any time or for any reason.

I hereby expressly and specifically assume the risk of injury or harm in these circumstances and release ACOR from all liability for injury, illness, death, monetary loss or property damage resulting from such circumstances during my fellowship with ACOR, whether suffered by me personally or by any of my accompanying dependents or companions.

Other. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

To express my understanding and acceptance of this release, I sign here in front of a witness.

Grantee/Fellow:

Name: (please print) _____

Signature: _____ Date: _____

Witness:

Name: (please print) _____

Signature: _____ Date: _____