

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

JAMES A. SAUER FELLOWSHIP

INFORMATION FOR APPLICANT

(Please read carefully)

I. Eligibility

Only Jordanian citizens are eligible to apply for this fellowship in 2008–2009. Applications and all letters and supporting materials must be submitted in English.

II. Study or Research Schedule

In the event that a James A. Sauer Fellowship recipient significantly alters the study, research, field work, or travel plans presented in the original proposal, approval must be sought from the ACOR Fellowship Committee in advance. Fellows are expected to be involved with their project on a full-time basis for the duration of their award period.

III. ACOR Facilities

The ACOR institute in Amman is a residential research facility housing up to 45 scholars at any given time. The ACOR library contains some 30,000 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 photographic dark room, lecture room, conservation laboratory, computer facilities and other technical equipment, kitchen facilities, and communal lounge areas.

IV. Statement of Non-political Activity

By accepting a James A. Sauer Fellowship, the recipient agrees not to engage in any activities, political or other, that may cause problems for the Jordanian or United States government or ACOR.

V. Final Report

Each recipient of a James A. Sauer 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.

VI. Selection

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

INSTRUCTIONS FOR JAMES A. SAUER FELLOWSHIP APPLICANTS

A. DEADLINE

The deadline for all applications and supporting documents (including transcripts and letters of recommendation) is **February 1, 2008**. Signed applications and all supporting original documents must be received by the ACOR Fellowship Committee on or before that date.

B. APPLICATION PACKET

Your application packet must consist of the signed application, including the original cover sheet and the Health Insurance and Waiver Forms with original signatures. Please submit an additional five (5) copies of the complete application and cover sheet (but not the Health Insurance and Waiver Forms) if you reside in the U.S. Do not include letters of recommendation or transcripts; this material must come directly from your referees and institute. Mail your application packet to the ACOR Fellowship Committee in a padded envelope or equivalent heavy-duty wrapping. All materials must be sent by post or courier service. Fax and e-mail applications and letters of recommendation will not be accepted. Your application must be signed and dated.

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 ACADEMIC REVIEW: See Item 10

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

(1) If your request is to fund graduate study or other advanced training, an acceptance letter stating that you have been admitted into the program and your past transcripts are required.

(2) 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 staff member. This letter must also indicate the nature of the academic review which the project has successfully passed.

(3) 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, contact 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 (in English) must be addressed and mailed **directly** to the ACOR Fellowship Committee by your referees. All letters must be received on or before the deadline. Recommendations sent by fax or e-mail will not be accepted. The letters should address your academic qualifications and experience for the proposed project. Students should have a letter provided by their principal advisor as one of the letters.

F. HEALTH INSURANCE AND WAIVER FORMS: See Item 16

Fill out both forms completely. Incomplete forms will not be accepted. Each form must bear your original signature. Return only the original of each form. 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). Direct all ASOR correspondence, and requests for ASOR fellowship materials to ASOR (tel. 617-353-6570).

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

JAMES A. SAUER FELLOWSHIP 2008-2009

Send only **one original copy** of your complete application (submit **5 copies** and the original if you reside in the U.S.).

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 _____ (month/day/year) 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. Status: Graduate Student ____ (Yes/No) Other: _____
Year when graduate studies began or will begin _____

Department or Degree Program _____
University _____
Address _____

6. I plan to (check one): participate in a training or study program __, travel to a conference __, conduct an independent research project __, or participate in a larger ACOR approved archaeological project __. If the latter, give the name of the larger project.

- 7a. Dates of planned project: from _____ to _____ (month/day/year)
Location of planned project _____
- 7b. I plan to reside at the ACOR center in Amman _____ (Yes/No)

Continue with Nos. 8–18 in sequential order.

***The second page of your application should begin with item No. 8, the title of your project.*

***Do not include this and the following page of instructions in your application packet, but number your responses to correspond to the order of the instructions.*

***Your responses should be **typed** and **double spaced** with your name on each page.*

***Do not include a curriculum vita or other supplementary material.*

8. Title of proposed project.
9. Proposed project (limit this to four pages, including bibliography).
 - (a) Give a full description of the intended research or study, including purpose, methods, and anticipated results. Provide a travel and study schedule.
 - (b) State your qualifications for the proposed program.
 - (c) If the anticipated project is directly related to other study in progress, describe the relationship.
 - (d) Describe the final form you expect your study to take and how your proposed work relates to an understanding of Jordanian archaeology.
10. Academic Review: See Item C
 - (a) If your project involves further study or training, provide a letter of acceptance into the training program or graduate school and official transcripts from your undergraduate institution.
 - (b) If your work is part of a larger project, give the name of the project and its director. The project director must send a letter directly to ACOR stating that you are a member of the project staff. This letter must also indicate the nature of the academic review process that has been successfully passed (the date and the name of the foundation or institution providing the review).
 - (c) 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) If you are now a degree candidate, or plan to become one, name the degree, institution, and expected date of completion.
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 fellowships, honors received, positions held, and other experience related to the purpose of your application.
 - (b) Describe all previous archaeological or anthropological fieldwork; name and location of the project(s), dates of your participation, and your responsibilities.
 - (c) Describe other archaeological experience, including laboratory work, artifact analyses, and museum experience.
14. Financial Resources:
 - (a) List all other applications for financial support you have made in connection with the proposed study. Applicants are encouraged to apply for additional sources of funding, but ACOR must be informed if you accept other awards.
 - (b) Give details of your plans to finance the balance of the needed funds for your project.
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. 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). Do **not** submit five copies of these two forms. See Item F.
17. State your intention to submit a Final Report to ACOR, describing your work and its contribution to Jordanian archaeology, within two months of completion of the award period. A portion of the grant will be withheld until the Final Report is received.
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 in ink and the date.

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. Applications, transcripts, and letters sent by fax or e-mail will not be accepted.

The application deadline is February 1, 2008

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: _____