I. **Eligibility**

Only Jordanian citizens are eligible to apply for these fellowships. Applications and all letters and supporting materials must be submitted in English to the Amman ACOR office.

Please read carefully the individual page of information about each fellowship (available on the ACOR web sites) to determine if you are eligible. You may apply for all fellowships for which you are eligible.

The Kenneth W. Russell Memorial Fellowship is open to a Jordanian graduate or undergraduate student, in Jordan or another country, to advance his or her academic career in the field of archaeology, anthropology, conservation, or related areas. The award might be used for participation on an archaeological project, for research expenses, or academic tuition.

The Frederick-Wenger Jordanian Educational Memorial Fellowship is open to a Jordanian graduate or undergraduate student (enrolled in a Jordanian university). Eligibility is not limited to a specific area of study, but preference will be given to study related to Jordan’s cultural heritage.

The ACOR Jordanian Graduate Student Scholarship is open to a Jordanian graduate student (enrolled in a Master’s or Doctoral program in a Jordanian university). It is limited to students in programs related to Jordan’s cultural heritage (for example: archaeology, history, conservation, and cultural resource management).

II. **Study or Research Schedule**

In the event that a fellowship recipient significantly alters their study plans presented in the original proposal, approval must be sought from the ACOR Fellowship Committee through the ACOR Director in advance. Fellows are expected to be involved in their studies or research on a full-time basis for the duration of their award periods.
III. ACOR Library

The ACOR institute in Amman is a research facility with a major library. The ACOR library contains some 40,000 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, political science, economics, history (medieval and modern), and related topics. ACOR encourages all Jordanian university students to use this facility and believes award recipients will find it very useful for their studies.

IV. 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 Jordanian or United States governments or ACOR.

V. 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. A report of the expenditures of fellowship funds will be required at the end of the award period.

VI. 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 FELLOWSHIP APPLICANTS

A. DEADLINE
   The deadline for all applications and supporting documents (including transcripts and letters of recommendation) is **February 1, 2016**. Signed applications and all supporting original documents must be received by the Amman office for the ACOR Fellowship Committee on or before that date.

B. APPLICATION SUBMISSION
   You must submit a paper application and three copies. The packet must consist of the original signed application (including the completed cover sheet, page 5 of this form) and the completed Health Insurance and Waiver Forms (pages 8 and 9 of this form) with original signatures and three photocopied copies of the original material. Do not include letters of recommendation or transcripts: these must come directly from your referees and institute. We require only one original of this support material. Post or hand-deliver your application packet to the ACOR Amman office in a padded envelope or equivalent heavy-duty wrapping. Applicants living outside Jordan should also post their applications and have their support material mailed to the ACOR office in Amman. The address is given below.

   **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. TRANSCRIPTS:
   See Item 11 below
   Applicants must arrange to have one copy of all necessary transcripts sent to the ACOR Fellowship Committee via the Amman office. First year graduate students should submit both graduate and undergraduate transcripts. Only **official** transcripts sent directly to ACOR in Amman 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 in Amman 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.

D. LETTERS OF RECOMMENDATION:
   See Item 14
   Letters of recommendation (in English) must be addressed and sent **directly** to the ACOR Amman office by your referees. Signed recommendation letters should be sent by post. All letters must be received on or before the deadline. 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. Only one copy is needed for all fellowships.
E. HEALTH INSURANCE AND WAIVER FORMS: See Item 15
   Fill out both forms completely and sign. Incomplete forms will not be accepted.
   All ACOR awardees must carry health insurance for the period of their award term.

F. INSTRUCTIONS FOR APPLICANTS RESIDING OVERSEAS:

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

(2) Applicants in Jordan should be in contact with the ACOR center in Amman.
   Applicants outside Jordan are urged to provide the name, address, and contact numbers
   for a person in Jordan 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.
AMERICAN CENTER OF ORIENTAL RESEARCH (AMMAN, JORDAN)

APPLICATION 2016–2017

Review fellowship requirements on the one-page announcements. Check below all fellowships for which you qualify.

KENNETH W. RUSSELL MEMORIAL FELLOWSHIP
ACOR JORDANIAN GRADUATE STUDENT SCHOLARSHIP
FREDERICK-WENGER JORDANIAN EDUCATIONAL FELLOWSHIP

Send one original of your complete application and three photocopies. Your name should appear on each page. Use this page as your application cover page (type or print). Please provide your complete address, including street address, city, and postal code.

1. Name ________________________________________________________________
   Present Address ________________________________________________________
   _______________________________ _______________________________ Post Code __
   Phone: __________________ Fax: __________________ E-mail: __________________
   Permanent Address ______________________________________________________
   _______________________________ _______________________________ Post 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 award (Yes/No) ______
   Name of previous award __________________ Year awarded __________

5. Status: Graduate Student (Yes/No) or Undergraduate Student: (Yes/No) ______
   How many years have you been enrolled in current program ____________

6. Department or Degree Program ___________________________________________
   University _____________________________________________________________
   Address  _____________________________________________________________
   ________________________________________________________________

7. Dates fellowship will be used: from ___________ to ___________ (month/day/year)
   Location of planned study______________________________________________
8. Title of proposed thesis (if preparing a thesis) or program of study.

9. Proposed study (limit this to four double-spaced pages, including bibliography).
   (a) Describe your educational goals or intended research.
   (b) Give a full description of your intended study and anticipated results during the period in which you plan to use the Fellowship.
   (c) State your qualifications for the proposed academic program.

10. 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) Give the degree, institution, and expected date of the completion of your study (this is very important).

11. Transcripts: See Item C above
    Request the institution at which you are currently enrolled to provide an official transcript directly to the ACOR Amman office before the application deadline. First-year graduate students should also request a transcript from the institution that awarded their undergraduate degree.

12. Experience:
   (a) Describe fellowships, honors received, positions held, and other experience related to the purpose of your application.

13. 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 costs for your study.

14. 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 Amman office before the application deadline. See Item D.

15. 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).

16. State your intention to submit a Final Report to ACOR within two months of completion of
the award period. $100 of the award will be withheld until the Final Report is received.

17. Complete the application with the statement "I verify that the information cited in this application is complete and correct." This statement must be followed by your signature and the date.

All application materials must be received at ACOR in Amman on or before the deadline. The applicant is also responsible for the arrival of three letters of recommendation and official transcripts at the ACOR office on or before the deadline. Please give your transcript office and referees adequate time to insure that material arrives before the deadline. Please have all materials submitted to the ACOR Amman office.

The application deadline is February 1, 2016

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

Amman office: Boston office:
ACOR ACOR
P.O. Box 2470 656 Beacon Street, 5th Floor
8 Rashid Al-Abadla Boston, MA 02215 USA
Amman 11181 Jordan
Tel: +962-6-534-6117 Tel: +1-617-353-6571
Fax: +962-6-534-4181 Fax: +1-617-353-6575
E-mail: acor@acorjordan.org Email: acor@bu.edu

Website: <www.acorjordan.org> and < www.bu.edu/acor>
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 traveling, 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: ____________________