

Please **use this actual form**. Use additional page sparingly and for continued information only.

Personal History Form

Name: Ms./Mr. _____

E-mail address: _____

Address Where Mail Will Always Reach You: _____

Best phone number to reach you: _____

Education: (College or University)

Name of Institution	Period of Study From To	Major and Minor Field of Study	Degree or Diploma

Courses enrolled in current Spring semester:

Note: Please inform us of courses (include title, credit hours) being taken in the Spring semester of the year in which you are applying.

University or College	Course Title	Credit Hours

Conservation Experience: Conservation activities beginning with the most recent employment. Please tabulate all totals and enter the grand total of experience in the bottom right box of table.

Name and Address of Employer, Institution or Organization	Position Held	Name of Supervisor	Dates From To	Hours per Week	Total Hours
				Grand Total Conservation Experience	

Related Experience: Hands-on art/art history/chemistry or other related activities. Please tabulate all totals and enter the grand total of experience in the bottom right box of table.

Name and Address of Employer, Institution or Organization	Position Held	Name of Supervisor or	Dates From To	Hours per Week	Total Hours
				Grand Total Related Experience	

Academic honors or awards:

Publications: (list title, place of publication, date)

Membership in honorary or professional organizations:

Five most significant museums visited:

Significant conservation departments visited:

Special skills, hobbies, interests, and extracurricular activities:

Please indicate if you have any physical limitations that would interfere with your participation in the program or that may require special accommodations:

Fellows will become candidates for the degree of Master of Science in Art Conservation at the University of Delaware. A Fellowship may be withdrawn and the payment thereon terminated in case the work or conduct of a recipient becomes, in the opinion of the University of Delaware and the Winterthur Museum, prejudicial to the purpose which the Fellowships have been established.

I understand the conditions under which Fellowships are to be awarded, and I wish to be considered an applicant for the Winterthur/University of Delaware Program in Art Conservation

Date: _____ Signature: _____