

Bonine Memorial Travel & Research Award Application

The "Michael Bonine Memorial Travel & Research Endowment Award" has been established in honor of Professor Michael E. Bonine. This award will support summer travel by undergraduate students and pursuit of academic activities by graduate students enrolled in, or affiliated with, the University of Arizona, School of Middle Eastern and North African Studies

PERSONAL INFORMATION

Application for:
Summer
Academic Year
Fall Semester of (year)
Spring Semester

(year)

of

IIA Student ID#			
City/State:	Zip:		
Secondary e-mail:	· · · · · · · · · · · · · · · · · · ·		
other phone:			
y in language(s) other than English (e.g. beginning Arabic, adv	anced German):		
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raduate I master's I I doctoral			
Specific area of interest or major			
om current program (mm/yy):			
Current cumulative GPA: GPA in your major:			
	other phone: y in language(s) other than English (e.g. beginning Arabic, adv raduate □ master's □ doctoral the award period: □ undergraduate □ master's □ doctoral Specific area of interest or major om current program (mm/yy):		

support of your applic recommendation by the professor, advisor or a	ation. It is your responsibility to ensone application deadline. For underg	ed to write to the Bonine Award committee in sure that your referee sends a letter of graduate students, the letter can be from a aduate students, this letter is typically from the
Name	Position	Affiliation (Institution/Department, or Company)
CHECKLIST		
What difference hardship is path A resume or of A copy of colle Under separate A letter of refe Committee. Pl	on form Itement that explains how this award Itement that explains how this award Itement the award make to your proport It of your justification, please explain It curriculum vitae (maximum two page It ge and/or graduate transcripts (und It e cover, sent directly to the award of It rence addressed to the Michael Bor	ges) official copies are acceptable) committee by the recommender: onine Memorial Travel and Research Award etters directly to mcsaleh@email.arizona.edu
CERTIFICATION		
I hereby certify that al	I information I have provided in this	application is true and accurate.
Applicant Name (type	d name constitutes an electronic sig	ignature) Date

LETTER OF RECOMMENDATION

For additional information, please contact Miriam Saleh, MENAS Administrative Assistant, by phone: 520-621-8013 or by email mcsaleh@email.arizona.edu