

Wilhelm Busch – Deutsches Museum für  
Karikatur und Zeichenkunst  
Stichwort: Museums-Fellowship 2025  
Georgengarten 1  
30167 Hannover

**Application for the Museums-Fellowship 2025**

**1. Personal Data**

Surname, first name:

Date and place of birth:

Private address:

Telephone:

Email:

Nationality:

**2. University Education**

| University / City | Period | Field of study / subjects |
|-------------------|--------|---------------------------|
|                   |        |                           |
|                   |        |                           |
|                   |        |                           |

**3. Examinations and Degrees**

| University | Academic degree | Subject | Date of examination and Grade |
|------------|-----------------|---------|-------------------------------|
|            |                 |         |                               |
|            |                 |         |                               |
|            |                 |         |                               |

**4. Professional Record**

| Period | Institution | Function / Position |
|--------|-------------|---------------------|
|        |             |                     |

**5. Research project to be supported**

Title:\_\_\_\_\_

\_\_\_\_\_

Synopsis:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Reasons for applying for the Museums-Fellowship; if possible, specify the collections that are of relevance for your project:

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## 6. Application Documents

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|---|----------|
| - Tabular curriculum vitae                    | yes / no |
| - Letter of recommendation                    | yes / no |
| - List of publications                        | yes / no |
| - Copies of university diplomas               | yes / no |
| - Detailed exposition of the research project | yes / no |

## 7. Data protection

Data collected for the review of this application may be electronically stored (in accordance with §26 of the German Federal Data Privacy Act)

- ☐ I agree that my contact details may be provided potential future fellows to establish an international fellows' network.
- ☐ I agree that the museum may publish my name and photos on their media accounts after consulting with me.

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City, date

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Signature