



**5. Please identify your Health Insurance carrier and indicate whether it will cover you and anyone who accompanies you for this period.**

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Applicant's Contact Information <i>continued</i>	
Street Address:	
City and State:	Postal Code and Country:
E-mail Address:	Telephone:

**6. Signature**

Print Name of Applicant	Title	Date
Signature of Applicant		

To complete your application, send an e-mail, subject line: EBAF Application to [cba-office@cua.edu](mailto:cba-office@cua.edu) with the all of the following documents.

Detailed instructions are found at <https://www.catholicbiblical.org/ebaf>

1. Completed "Main Grant Application Form" [this document]
2. Letter of Intent, including
  - a. current areas of research.
  - b. an explanation of how the proposal relates to the work of the CBA.  
You might comment, for example, on how your project relates to the [Mission of the CBA](#), the association as a community of scholars, or your plans for further involvement in the CBA and related programs and publications.
  - c. a description of how you have been involved in CBA.  
You might consider, for example, attendance at the AGM, participation in online programs, service on editorial boards, publication in the CBQ, CBQMS, or CBQ Imprints, committee service, chairing committee(s), service as an officer, and sponsorship of new members.
3. Current CV of Applicant
4. Completed [Checklist](#)