The CASA Fellows Program, an educational collaboration between The Consortium for Advanced Studies Abroad (CASA) and the Barcelona Group (BG), seeks to promote mutual research cooperation among CASA and BG member institutions and to open new avenues for enhanced professional engagement. The program is open to recent PhD graduates from The University of Barcelona, the Autonomous University of Barcelona, the Polytechnic University of Catalonia and the Pompeu Fabra University who are seeking to carry out postdoctoral research in the United States for periods of one to four months.

Purpose
The program is aimed at granting fellowships for advanced training and trans-national mobility in any research field in one of the following CASA full-member receiving institutions: Brown University, Cornell University, Harvard University, Johns Hopkins University, Northwestern University, the University of Pennsylvania, and Vanderbilt University. Financial support is provided for a period of 1-4 months (full-time equivalent), for individual projects presented by recent PhD graduates from any of the Barcelona Group universities: The University of Barcelona, the Autonomous University of Barcelona, the Polytechnic University of Catalonia and the Pompeu Fabra University.

It is intended to select four young researchers, one from each University from the Barcelona Group.

Elegibility
Applicants should meet the following requirements at the time of the deadline of the submission of the application:
- to have been awarded a PhD in the eight years immediately preceding this call
- being employed by one of the Barcelona Group universities at the time of this call
- applicant must have written support of his/her home university

Funding
CASA fellowships program for the 2019-2020 have a total endowment of 16,200.00 euros.
Candidates must send their applications to their home university in Barcelona, according to the following instructions:

At **UAB** applications will be managed and centralized by the University General Register Office (Building A – Rectorate, ground floor- Campus Bellaterra. 08913 Bellaterra. Cerdanyola del Vallès. Barcelona). The Area of International Relations will be responsible of the applications and contact with candidates.

Contact: Isabel Boncompte, Telf.: 93 581 3734; isabel.boncompte@uab.cat

At **UB** applications will be addressed to the Mobility and International Programs Office (Pavelló Rosa – Recinte Maternitat, Travessera de les Corts, 131-159. 08028. Barcelona) This office will be responsible of the applications and contact with candidates.

Contact: Elodia Guillamón, Telf.: 934020902, Fax: 934035387; eguillamon@ub.edu

At **UPF** applications will be addressed personally or by postal service to the UPF General Registrar. Pl. de la Mercè, 12, 08002 Barcelona or any of its other campus offices. The Service of International Relations will be responsible for processing the applications and contact the candidates.

Contact Laura Peña, tel. 935422982, e-mail: laura.pena@upf.edu

At **UPC** applications will be sent to International Affairs (Staff Mobility Unit, c/ Jordi Girona, 31 Building Til-lers, 2nd floor, 08034 Barcelona). This office will manage the applications.

Contact: Staff Mobility Unit Tel: +34 934137530 Fax: +34 934137503; mobilitat.pdi@upc.edu

**The deadline** for the submission of 2019-20 applications is **13 November 2019**. The CASA Barcelona Director will closely liaise with both the CASA full member institutions and the Barcelona Group Selection Committee to ensure the timely review of submitted applications and the notification of selection results. Applicants will be informed of the selection results no later than **22 November 2019**.

The application materials shall consist of the following:

1. **Curriculum Vitae**
2. Overview of intended research project, specifying the following
   a. **Objective**
   b. **Methodology**
   c. Expected contribution to the applicant’s field of research
3. Written evidence of support from the research group or academic department of the CASA full member institution solicited, specifying the following
   a. **Overview of the group or department’s research activities and their relevance to the applicant’s intended research activities**
   b. **Letter of acceptance or statement of interest in receiving the applicant on the campus for research purposes**
   c. **Certificate of English proficiency sufficient to successfully carry out research in the US and navigate daily life in the US (See below)**
4. Completed CASA Administrative Representative Statement (see below)
5. CASA Fellows visa application form (below)
6. A copy of a valid passport
7. A signed Insurance Verification Form (below)
**Note:** This form is not necessary for initial acceptance, but final acceptance is CONTINGENT upon receipt of this form no less than 30 days prior to your planned arrival at the CASA host institution.

**Late applications will not be accepted.**
Final acceptance in the program and use of the funds requires the joint approval of the solicited CASA full member institution and the Barcelona Group Selection Committee.

**Selection Committee**
The selection committee is comprised of the following Barcelona Group members:
- the coordinator of the Barcelona Group acting as President
- a vice-rector of each of the four universities of the Barcelona Group

The Selection Committee is responsible for selecting applicants and is the final stage of the selection process.

**Compatibility with other Grants**
Financial support provided is compatible with other grants. The sum of all financial support obtained should not be major than the total cost of the action.

**Reporting**
Participants selected must submit a final report about the activities carried out during the stay. It should include a training assessment and the conformity signature of the person in charge of his/her training at the host institution.

**Documentation Forms:**
- Document 1: CASA Fellows visa application form (Personal Information plus Research Plan Summary)
- Document 2: **CASA Administrative Representative statement**
- Document 3: Health Insurance Verification Form
APPLICATION INFORMATION FOR PROSPECTIVE CASA FELLOW

TO BE COMPLETED BY APPLICANT (Please Print CLEARLY):

1. Applicant’s Surname(s): ___________________ First name: ___________________
2. Gender: __________ Date of Birth: Month: _______ Day: _______ Year: _______
3. Place of birth (city & country): __________________________________________
5. Permanent Mailing Address: ______________________________________________
6. Home Telephone Number: _______________ Mobile phone: ___________________
7. Email address: __________________________________________________________
8. Field of study: __________________________________________________________
9. Highest university degree attained ___________________ Date granted __________
10. Preferred CASA Host Institution (check only one):
    - [ ] Brown University    - [ ] Cornell University    - [ ] Harvard University    - [ ] Johns Hopkins University
    - [ ] Northwestern University    - [ ] University of Pennsylvania    - [ ] Vanderbilt University
11. Date of Intended Arrival to CASA Host Institution:
    Month: ___________ Day: _______ Year: ___________
    Date of Intended Departure: Month: ___________ Day: _______ Year: ___________
12. Do you intend to bring family members? * If yes, please indicate for each family member:
    | Name            | Citizenship | Place & Date of Birth | Relationship to Visitor |
    |-----------------|-------------|------------------------|--------------------------|
    |                 |             |                        |                          |
*Mandatory health insurance is required for visitor and accompanying family members.
13. If you already have a US Social Security Number please enter it here: ______________
TO BE COMPLETED BY THE BARCELONA GROUP SELECTION COMMITTEE REPRESENTATIVE:

1. CASA Host Institution Destination: ______________________
   Funding Sources: Total of all funds: ________________
   From Barcelona Group: Housing $ ______ per month for ____ months
          Living stipend $ ______ per month for ________ months
          Airfare $US:___________ or round-trip economy ________
   Other funding: Source: ________________ Amount: $ _________ per month

2. Host Department at CASA Receiving Institution: ____________________________
   Liaison: ________________________________
Name: __________________________________________________________

Field of Interest: ____________________________________________

Title of Research Project: _______________________________________

**IMPORTANT**: If you hope to conduct research in the applied sciences (engineering, physics, chemistry, biology, etc.) or any other field that requires access to laboratories or specific technical equipment, please know that your project may be extremely difficult to accommodate. To ensure that your project is possible, please include evidence of support from the prospective CASA host institution faculty with your application material.

If you know of a faculty member at your intended CASA institution whose expertise might be particularly helpful for your research in any field, please provide the faculty member’s full name and academic department.

________________________________________________________

________________________________________________________

**Please summarize your research plan in 2-3 typed paragraphs, explaining objective, methodology and expected contribution to your field of research. Attach your summary to this form.**
I acknowledge that, in addition to the appropriate CASA member institution academic department, I have duly informed by electronic mail the following CASA institutional administrative representative of my interest in conducting a research project with the support of CASA Fellowship funding (check appropriate box and provide a photocopy of the corresponding electronic message, which should include the title of the research project, intended dates of travel and sponsoring US academic departmental contact).

__Brown University
Kendall Brostuen
kendall_brostuen@brown.edu

__Cornell University
Kristen Grace
kag7@cornell.edu

__Harvard University
Camila Nardozzi
cnardozzi@fas.harvard.edu

__Johns Hopkins University
Lori Citti
lcitti@jhu.edu

__Northwestern University
Sara Walsh Tully
sara_Walsh@northwestern.edu

__University of Pennsylvania
Nigel Cossar
ncossar@upenn.edu

__Vanderbilt University
Isabelle Criste
isabelle.crist@vanderbilt.edu

CASA applicant’s full name (please print)

CASA applicant’s signature

Date: ______________________
CASA Fellows
HEALTH INSURANCE VERIFICATION FORM

Please complete, sign and return this form up to 30 days prior to arrival at the CASA Host Institution and send to:

Juan José Romero Marin, Director
The Consortium for Advanced Studies in Barcelona
Gran Via, 582 (2 planta)
08011 Barcelona

Email: Juanjo@barcelona.casa.education

NOTE: All CASA Fellows are required to carry Medical Insurance coverage for themselves and any accompanying spouse and minor children on J visas. At a minimum, insurance coverage shall include: 1) Medical benefits of at least $50,000 per person per accident or illness. 2) Repatriation of remains in the amount of $7,500. 3) Expenses associated with medical evacuation in the amount of $10,000.

CASA Fellows can either contract the Health Insurance suggested by the US host university or contract it through the insurance providers of the home university under the minimum insurance coverage stated above.

PART 1: Visitor Information.

Name: _______________________________________________________________

Surname (s)   First    Middle

Local Mailing Address: __________________________________________________

PART 2: Policy Information.

Insurance Company: ______________________________________________________

_____________________________  ______________________________
Name of Policy Holder      Policy number
CASA Fellows Program
Application Procedures
Insurance Verification Form

Contact Information of Policy Provider: ________________________________

____________________________________________________________________

____________________________________________________________________

Please verify the dates for which your coverage is effective;

From _____________   To _____________

PART 3: Spouse and Dependent information.

Name: __________________________________________________________________

Surname (s)                                   First                              Middle

____________________________________________________________________

____________________________________________________________

____________________________________________________________

Insurance Company: ______________________________________________________

Effective date: ___________     End date: ____________

I hereby certify that this coverage will be in effect during the full length of my stay in
the U.S.

__________________________    ______________________________
Print name      Signature

Please note: All visiting fellows must have Health Insurance effective for the entire
period of their stay in the U.S. prior to departure from their home country. If your
current insurance policy does not provide coverage while in the U.S., see the list below.

Suggested Provider Information:

www.isoa.org  – International Student Organization
www.compassbenefit.com  – Compass Benefits Group
www.travelinsure.com  – Study USA-Healthcare
www.unipsa.com  – UNIPSA, Correduría de Seguros, Grupo Banca March
www.gdsseguros.com  – GDS, Correduría de Seguros, La Caixa Grupo asegurador
www.aceeurope.es  – ACE Europe

Under the new regulations, the State Department requires that J-1 sponsors verify that J-1
exchange visitors have sufficient English fluency.