



**Smithsonian Astrophysical Observatory
High Energy Astrophysics Division**

60 Garden Street, MS-70, Cambridge, MA 02138

617-495-7258 (voice) 617-495-9056 (fax) website: <http://www.cfa.harvard.edu/heas/>

Ms. Nuria Alvarez Crespo
University of Turin
Via Giuseppe Verdi, 8
Torino,
Italy

March 18, 2015

Dear Ms. Alvarez Crespo,

Welcome to the Smithsonian Astrophysical Observatory. We are looking forward to your Visiting Student appointment in the High Energy Astrophysics Division (HEA) for the period **July 1, 2015 – August 31, 2015**. If these dates are not correct, please notify me as soon as possible.

Before your arrival at SAO, the documents reference below must be completed and submitted. Please **TYPE or PRINT CLEARLY**.

1. Helpful information at:
http://www.cfa.harvard.edu/opportunities/fellowships/fellowres/fellows_employ.html
http://www.cfa.harvard.edu/opportunities/fellowships/fellowres/fellows_taxes.html
2. Scan and save all forms electronically.

Local Address

If you do not have a U.S. mailing address, please indicate my business address for your Local Address on the attached forms:

Your Name
c/o Donna Wyatt
SAO
60 Garden Street, MS 06
Cambridge MA 02138

Stipend and Travel Reimbursement

Your stipend will be TBD for two months. Your relocation reimbursement/travel allowance is limited to **\$2000** for a **one-way fare** to the Smithsonian and **expenses** related to the actual movement of your person or possessions. You may purchase a reasonably priced round-trip ticket, but will be reimbursed up to 50% of its cost. Please save all receipts and e-ticket invoices for the reimbursement request. **Foreign travelers must provide date-specific proof of currency conversion.**

Research Proposal/Statement (with Title) and Curriculum Vitae (CV)

These documents are required for your visit.

Please send your updated Curriculum Vitae, even if you have already sent this as part of your application.

Your research proposal is a one- to three-paragraph statement that outlines what you plan to accomplish during your tenure at SAO.

Visa Data Sheet

In order to obtain a visa for your visit, you must complete this form in full. Missing and/or incorrect information will delay processing.

Attachments for Visa Data Sheet

Send us **electronic copies** of all current and previously issued visa-related documents for yourself and family members traveling to the U.S., including Form I-94, Form IAP-66/DS-2019, Form I-20, Form I-797 and PASSPORT (including all pages with visa stamps).

Vendor Form

This form is required for stipend processing and payment.

If you do not have a U.S. bank account for direct-deposit payment of your stipend:

- **Vendor Name** - your full name, as it appears on government-issued ID cards
- **TIN/ITIN or SSN** - your U.S. Tax Identification or Social Security Number (if you have one; other wise, leave this field blank)
- **Remit to Address** - your U.S. mailing address if you have one or **my business address if you do not**
- **Vendor Signature** - your signature
- **Date of Birth and Telephone Number** - please indicate your date of birth (Month-Day-Year) and telephone number somewhere on the form
- Leave the rest of the form blank
- Scan the signed document and save an electronic copy

If you have a U.S. bank account and want to receive direct-deposit payment of your stipend:

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- **Business Address** - your U.S. mailing address if you have one or **my business address if you do not**
- **Vendor Signature** - your signature
- Leave the rest of the form blank
- Scan the signed document and save an electronic copy
- Complete the ACH/EFT form as well (see below)

ACH/EFT Form (optional)

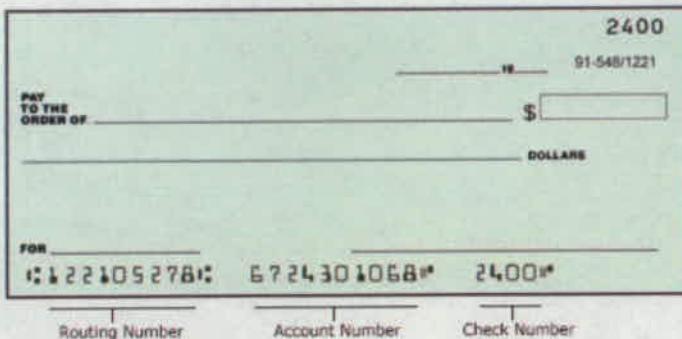
Complete select fields on this form if you have a U.S. bank account to receive electronic (direct-deposit) payment of your stipend. You may complete this form later, if you need time to establish a U.S. bank account.

Payee/Company Information

- **Name** - your full name, as it appears on government-issued ID cards
- **Address** - Your U.S. mailing address, or my business address
- **SSN No. or Tax Payer ID No.** - your U.S. Tax Identification or Social Security Number (if you have one; otherwise, leave this field blank)

Financial Institution Information

- **Name** - bank name
- **Address** - bank address
- **Nine-Digit Routing Transit Number** – the number on the lower left corner of your check (see graphic below)
- **Depositor Account Number** - your bank account number (see graphic below)



- **Type of Account** - check the appropriate box for Checking or Savings Account

Proof of Coverage for Health Care

Health insurance coverage or evidence of coverage is a requirement for SAO fellows.

For visits of less than 12 months, evidence of health insurance is required as the visitor is not eligible for group health insurance coverage (Harvard Pilgrim Health Care). Evidence of health insurance includes registration letters or forms or proof of purchase (credit card statement, cancelled check, or letter with total health insurance amount).

Personally purchased health care coverage is reimbursable by SAO up to the group rate of Individual - \$385.25/month.

Proof of Coverage for Medical Evacuation and Repatriation

Foreign fellows must provide evidence of evacuation and repatriation coverage for **EVERY YEAR** they are at SAO. Attached is an application form for one provider of this coverage, International SOS. See

http://www.cfa.harvard.edu/opportunities/fellowships/fellowres/fellows_employ.html for required coverage amounts. **You may use a different provider** that meets the requirements outlined in the web page mentioned above.

This expense is reimbursable by SAO.

SD931 Computer User Security Form

You must sign and return the LAST PAGE of this form in order to gain computer access at SAO. Enter "HEA" in the UNIT field.

Academic Appointment Record

Please provide the requested information regarding contact information, address, academic status, health care coverage, etc.

Statement of Intention to File/Residency Form

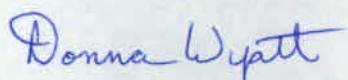
By signing this form, you are formally indicating you are aware of the tax consequences associated with your fellowship in the United States, and you have agreed to file official tax forms with the United States at the end of each tax year. You also formally declare that you are in this country for a short duration and do not intend to permanently reside in the United States.

Foreign Visitor Visa Tax Questionnaire

This form provides the Fellowship Office with the background information necessary to determine a fellowship recipient's tax status in the United States.

Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,



Donna Wyatt
Fellowship Coordinator
Smithsonian Astrophysical Observatory
High Energy Astrophysics Division



Smithsonian Astrophysical Observatory

High Energy Astrophysics Division

60 Garden Street, MS-70, Cambridge, MA 02138

617-495-7258 (voice) 617-495-9056 (fax) website: <http://www.cfa.harvard.edu/heas/>

Ms. Nuria Alvarez-Crespo
University of Turin
Via Giuseppe Verdi 8
Torino
Italy

April 1, 2016

Dear Ms. Alvarez-Crespo,

Welcome to the Smithsonian Astrophysical Observatory. We are looking forward to your Visiting Student appointment in the High Energy Astrophysics Division (HEA) for the period June 1, 2016 – August 31, 2016. If these dates are not correct, please notify me as soon as possible.

Before your arrival at SAO, the documents reference below must be completed and submitted. Please **TYPE or PRINT CLEARLY**.

1. Helpful information at:

http://www.cfa.harvard.edu/opportunities/fellowships/fellowres/fellows_employ.html

http://www.cfa.harvard.edu/opportunities/fellowships/fellowres/fellows_taxes.html

2. Scan and save all forms electronically.

Local Address

If you do not have a U.S. mailing address, please indicate my business address for your Local Address on the attached forms:

Your Name

c/o Donna Wyatt

SAO

60 Garden Street, MS 06

Cambridge MA 02138

Stipend and Travel Reimbursement

Your stipend will be \$2400 per month for three months. You will receive an advance payment in the first month, as well as recurring payments at the end of each month.

Your relocation reimbursement/travel allowance is limited to **\$2500** for a **one-way fare** to the Smithsonian and **expenses** related to the actual movement of your person or possessions. You may purchase a reasonably priced coach fare round-trip ticket, but will be reimbursed up to 50% of its cost. Please save all receipts and e-ticket invoices for the reimbursement request. **Foreign travelers must provide date-specific proof of currency conversion.**

Research Proposal/Statement (with Title) and Curriculum Vitae (CV)

These documents are required for your visit.

Please send your updated Curriculum Vitae, even if you have already sent this as part of your application.

Your research proposal is a one- to three-paragraph statement that outlines what you plan to accomplish during your tenure at SAO.

Visa Data Sheet

In order to obtain a visa for your visit, you must complete this form in full. Missing and/or incorrect information will delay processing.

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Vendor Form

This form is required for stipend processing and payment.

If you do not have a U.S. bank account for direct-deposit payment of your stipend:

- **Vendor Name** - your full name, as it appears on government-issued ID cards
- **TIN/ITIN or SSN** - your U.S. Tax Identification or Social Security Number (if you have one; other wise, leave this field blank)
- **Remit to Address** - your U.S. mailing address if you have one or **my business address if you do not**
- **Vendor Signature** - your signature
- **Date of Birth and Telephone Number** - please indicate your date of birth (Month-Day-Year) and telephone number somewhere on the form
- Leave the rest of the form blank
- Scan the signed document and save an electronic copy

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- Complete the ACH/EFT form as well (see below)

ACH/EFT Form (optional)

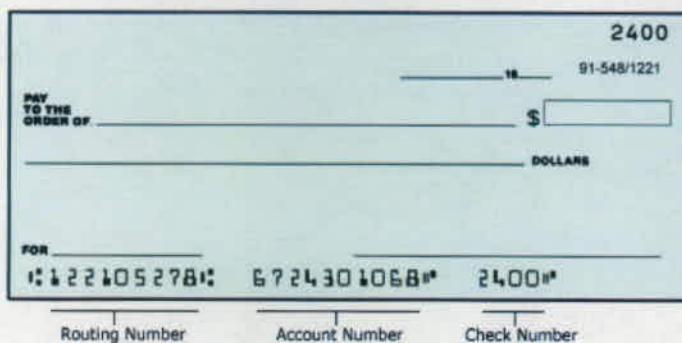
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Payee/Company Information

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- **Type of Account** - check the appropriate box for Checking or Savings Account

Proof of Coverage for Health Care

Health insurance coverage or evidence of coverage is a requirement for SAO fellows.

For visits of less than 12 months, evidence of health insurance is required as the visitor is not eligible for group health insurance coverage (Harvard Pilgrim Health Care). Evidence of health insurance includes registration letters or forms or proof of purchase (credit card statement, cancelled check, or letter with total health insurance amount).

Personally purchased health care coverage is reimbursable by SAO up to the group rate of Individual - \$423.78/month, \$5,085.36/year and Family - \$1139.95/month, \$13,679.40/year. Visits of less than 12 months will be reimbursed in three-month increments (or one lump sum if the visit is less than three months.)

Proof of Coverage for Medical Evacuation and Repatriation

Foreign fellows must provide evidence of evacuation and repatriation coverage for **EVERY YEAR** they are at SAO. Attached is an application form for one provider of this coverage, International SOS. See

http://www.cfa.harvard.edu/opportunities/fellowships/fellowres/fellows_employ.html for

required coverage amounts. **You may use a different provider** that meets the requirements outlined in the web page mentioned above.
This expense is reimbursable by SAO.

Academic Appointment Record

Please provide the requested information regarding contact information, address, academic status, health care coverage, etc.

Smithsonian Office of Fellowships & Interns Forms

These forms concern copyright and image use along with publication information, and are required by the Smithsonian Office of Fellowships & Interns, Washington, DC.

Statement of Intention to File/Residency Form

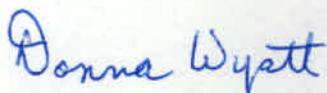
By signing this form, you are formally indicating you are aware of the tax consequences associated with your fellowship in the United States, and you have agreed to file official tax forms with the United States at the end of each tax year. You also formally declare that you are in this country for a short duration and do not intend to permanently reside in the United States.

Foreign Visitor Visa Tax Questionnaire

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Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,



Donna Wyatt
Fellowship Coordinator
Smithsonian Astrophysical Observatory
High Energy Astrophysics Division



Smithsonian Astrophysical Observatory

Ms. Nuria Alvarez Crespo
Universita Degli Studi Roma Tre
Department of Mathematics and Physics
Rome, Latium, Italy

January 30, 2017

Dear Ms. Ricci,

Welcome to the Smithsonian Astrophysical Observatory. We are looking forward to your Pre-Doc appointment in the High Energy Astrophysics Division (HEA) for the period July 1, 2017 – August 31, 2017. If these dates are not correct, please notify me as soon as possible.

Before your arrival at SAO, the documents reference below must be completed and submitted. Please **TYPE or PRINT CLEARLY**.

1. Helpful information at:
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SAO
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Cambridge MA 02138

Stipend and Travel Reimbursement

Your stipend will be **\$3500** per month for four months. You will receive an advance payment in the first month, as well as recurring payments at the end of each month. Your relocation reimbursement/travel allowance is limited to **\$2500** for a **one-way fare** to the Smithsonian and **expenses** related to the actual movement of your person or possessions. You may purchase a reasonably priced coach fare round-trip ticket, but will be reimbursed up to 50% of its cost. Please save all receipts and e-ticket invoices for the reimbursement request. **Foreign travelers must provide date-specific proof of currency conversion.**

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Please send your updated Curriculum Vitae, even if you have already sent this as part of your application.

Your research proposal is a one- to three-paragraph statement that outlines what you plan to accomplish during your tenure at SAO. The Research Statement must have a descriptive title.

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ACH/EFT Form (optional)

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		2400
		18
PAY TO THE ORDER OF _____		91-548/1221
		\$ _____
DOLLARS		
FOR _____		
1224052781 6724304068 2400		
Routing Number	Account Number	Check Number

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Academic Appointment Record

Please provide the requested information regarding contact information, address, academic status, health care coverage, title of your research project, etc.

W-9 Form

This form is only required of fellows who have a Social Security number (SSN) or U.S. or Tax Identification number (TIN/ITIN), or if you are a resident alien (defined here <http://www.irs.gov/taxtopics/tc851.html>).

Do not complete this form if none of these criteria apply to you.

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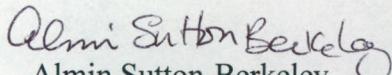
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Sincerely,



Almin Sutton-Berkeley
HEA Fellowship Coordinator
Smithsonian Astrophysical Observatory
High Energy Astrophysics Division