

## SUBMISSION CHECKLIST:

Before submitting application, please contact the archives staff to discuss holdings.

Do not staple or otherwise bind any components of your submission.

Assemble one (1) application packet in the following order:

- ☐ 1. Application Form
- 2. Research Proposal
- 3. Curriculum Vitae
- □ 4. Writing Sample
- ☐ How did you hear about our fellowship program?

□ Date contacted archives staff to discuss holdings:

Mail under separate cover:

☐ Two Letters of Reference Postmark deadline:

**February 1, 2016** 

Mailing address:

Fellowship Coordinator, P2-10 The Mary Baker Eddy Library 200 Massachusetts Ave. Boston, MA 02115

Please direct all inquiries to:

fellowships@mbelibrary.org or (617) 450-7316

E-MAILED OR FAXED APPLICATIONS WILL NOT BE ACCEPTED.

All applications will be acknowledged via e-mail within two weeks of receipt.

## Fellowship Application

Name (first, middle, last)

Street a	address
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City	State	Zip code	Country		
Citizenship					
E-mail address					
Telephone: (home)					
(office)					
(fax)					
Institution (where co	urrently enrolled or empl	'oyed):			
Department		Profession	Professional title		
Educational backs  Institution  1	ground: <i>Degree</i>	Date of graduation (00/0000)			
2					
3					
Research proposa	al title:				
Length of researc	h time requested in	n weeks: (eight	t week maximum)		
		of Recommendation  Institutional Affiliation			
1					
2					
Signature			Date (00/00/0000		