



ARCHIVES FOUNDATION

LGBTQ Research Fellowship Program Application Form

Name: _____

Pronouns: _____

Address: _____

Telephone: _____

Email: _____

Institutional affiliation, if appropriate: _____

Status:

Undergraduate (year): _____

Graduate student (department): _____

Faculty (department): _____

Independent researcher: _____

Other : _____

Amount requested: _____

Attach to this form:

1. Project proposal (including abstract; outline of the project's goals, methods, and expected results with reference to relevant ONE Archives holdings; and budget for the amount requested)
2. Curriculum vitae
3. One professional letter of reference
 - If needed, the person writing your letter of reference can send it as a PDF file to fellowships@onearchives.org with the subject line "[Your name]'s Letter of Reference".

Please email all application materials as a **single PDF file** to:
fellowships@onearchives.org