The Bancroft Library, University of California, Berkeley
Independent Scholar Fellowship Application

This application and **two letters of recommendation** must be received by Monday, February 3, 2025 at 11:59 pm. Please submit this application and attachments (Statement of Purpose, List of Materials) as a single PDF named with your last name.

> MAIL: The Bancroft Library, Fellowship Program, University of California at Berkeley, Berkeley, CA 94720-6000
> EMAIL: bancroft-library@berkeley.edu

Please check all the Bancroft Fellowships for which you are applying. Please read the requirements for each fellowship carefully and apply only for those whose criteria match your project. **You must fill out <u>all</u> following portions of this form.**

This application:

_____ The Donald Sidney-Fryer Fellowship

Name: _____
        Last   First   Middle

Title of Research Project: _____

_____

Address: _____

Telephone: _____ Email: _____

Country of Citizenship: _____ DOB: _____

List in reverse chronological order all colleges or universities attended:

Name of Institution	*Dates Attended*	*Degree Goal*	*Degree Date*

Please list all the occupations, other than that of a student, in which you have engaged to any considerable extent.

Name of Institution	*Dates*

<u>Letter of Recommendation</u>
Please list the name of the person from whom you have requested recommendations.
1. _____
2. _____

Statement of Purpose

Please attach a Statement of Purpose of 3,000 words or less describing how the research project will be aided by access to The Bancroft Library's collections. The Statement must be double-spaced in 12 size font. Include your name and page numbers on all pages. You may cite your academic plans for the coming year, area of specialization, career goals, and any additional information which may aid the selection committee in evaluating your application.

Materials at The Bancroft Library

Please attach a list of materials that you would utilize at the Bancroft Library during your research. Include call numbers and collection names.

Certification

All of the information on this form is true and complete to the best of my knowledge.

Name	**Signature**	**Date**