

**The Bancroft Library, University of California, Berkeley
Undergraduate Fellowship Application**

This application, along with **unofficial transcripts** and **one letter of recommendation**, must be received by the first Monday in February. Please submit this application and attachments (Statement of Purpose, Unofficial Transcripts) 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 all following portions of this form.**

This application: _____ The Meyers-Putnam Family Bancroft Library Fellowship
_____ The Hill-Shumate Book Collecting Prize
_____ The Gunther Barth Fellowship
_____ The Reese Fellowship
_____ The Donald Sidney-Fryer Fellowship
_____ The Robert E. Levinson Fellowship

Name: _____
Last First Middle

Title of Research Project: _____

Address: _____

Telephone: _____ Email: _____

DOB: _____

UC Berkeley Campus: ___Yes ___No Major/Department: _____

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*

Letter of Recommendation

Please list the name of the person from whom you have requested recommendations. The Committee requires current letters with Bancroft's cover letter form.

1. _____

Statement of Purpose

Please attach a Statement of Purpose of 1,000 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.

Certification

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

Name

Signature

Date