



Indiana State Library Fellowship Application

(Please also submit a resume, writing sample, and research proposal)

Personal Information

Name: _____

Address: _____

Primary Phone: _____

Email: _____

Emergency Contact: _____

Education

Highest Education Completed: _____

Degrees/Certifications: _____

If you are currently a student, where are you enrolled and what are you studying?

Collaborating partners (if applicable)

Institutional affiliation, if applicable to the Fellowship: _____

Please provide names and contact details for other researchers you will be collaborating with on this Fellowship: _____

Signature

I certify that the statements made in this application are true and correct, have been given voluntarily, and understand that misrepresentation is just cause for dismissal. I understand that a background investigation may be made whereby information may be obtained through personal interviews, a police criminal records check, and other sources which have information about me. I hereby grant permission and consent to any such verification and investigation, agree to cooperate with the same, and release from all liability or responsibility all persons, organizations, companies, and corporations collecting and supplying information.

Applicant Signature: _____ Date: _____