## Department of History Claremont McKenna College

## STASNECK FELLOWSHIPS FOR ORAL HISTORY AND ARCHIVAL RESEARCH

| Name:                                                                  |                           |                              |                                  |
|------------------------------------------------------------------------|---------------------------|------------------------------|----------------------------------|
|                                                                        | Last                      | First                        | MI                               |
| Mail box number:                                                       |                           | Cell Phone:                  |                                  |
| I am applyi                                                            | ng for the:               |                              |                                  |
| Joseph Z. a                                                            | nd Ruth N. Stasneck Or    | ral History Fellowship       |                                  |
| Joseph Z. and Ruth N. Stasneck History Fellowship for Archival Reseach |                           |                              |                                  |
| Major Field                                                            | l of Study: (Please attac | ch a photo copy or web pri   | ntout of your current transcripe |
|                                                                        |                           |                              |                                  |
| Cumulative GPA:                                                        |                           | Class:                       |                                  |
| List course                                                            | es, papers, or experience | es relevant to your research | project                          |
|                                                                        |                           |                              |                                  |
| Title of rese                                                          | earch project:            |                              |                                  |
|                                                                        |                           |                              |                                  |
| Faculty                                                                |                           |                              |                                  |
| •                                                                      |                           |                              |                                  |
| _                                                                      | Faculty name              | Faculty Signature            | Date                             |

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