

HAROLD B. HANCOCK
RESEARCH FELLOWSHIP
APPLICATION FORM

NAME: _____

MAILING ADDRESS: _____

Home Telephone: _____ Business Telephone: _____

FAX Number: _____ E-Mail Address: _____

Institutional Affiliation: _____

Position Title: _____

Proposed Research Title: _____

Please attach the following items to the application form:

1. A statement describing your research project, research methodology, and plan of work (5 page limit). It should include a bibliography of primary sources already located at the Archives.
2. A statement describing your professional experience as it relates to the project you wish to pursue (3-page limit).
3. A current curriculum vitae or resume.
4. The names and addresses of two references who may be contacted for letters of project evaluation.

The review committee requests that you submit an electronic copy and five printed copies of the completed application and supporting materials. Send the electronic copy to:

Friendsofthedelawarearchives.gov and the printed copies to FODA, P.O. Box 1934, Dover, DE 19903. Applications must be received by October 31. All materials in both formats must be received by the deadline.