



ARCHIVES FOUNDATION

## LGBTQ Research Fellowship Program Application Form

Name: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Institutional affiliation, if appropriate: \_\_\_\_\_

Status:

Undergraduate (year): \_\_\_\_\_

Graduate student (department): \_\_\_\_\_

Faculty (department): \_\_\_\_\_

Independent researcher: \_\_\_\_\_

Other : \_\_\_\_\_

Amount requested: \_\_\_\_\_

Attach to this form:

1. Project proposal (including abstract; outline of the project's goals, methods, and expected results with reference to relevant ONE Archives holdings; and budget for the amount requested)
2. Curriculum vitae
3. One professional letter of reference
  - If needed, the person writing your letter of reference can send it as a PDF file to [fellowships@onearchives.org](mailto:fellowships@onearchives.org) with the subject line "[Your name]'s Letter of Reference".

Please email all application materials as a single PDF file to:  
[fellowships@onearchives.org](mailto:fellowships@onearchives.org)