

**John F. Kennedy Library Foundation
Application for Fellowship or Grant**

Award applying for: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (H) _____ (W) _____

Email Address: _____

Academic Degree	Institution	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current position and institutional affiliation: _____

List two academic or other appropriate references (name, title, institution, address, telephone), and submit with this form a letter of recommendation from each:

1. _____

2. _____

Title of research project: _____

Page 2:

Intended product of research: _____

Name of archivist contacted at Kennedy Library: _____

Amount requested: \$_____

Anticipated date of arrival: _____

Other grants supporting this research: _____

Signature: _____

Date: _____

Please attach your proposal, letters, writing sample, budget, and vita to this form when you apply.

The John F. Kennedy Library Foundation does not accept application forms sent by electronic mail. Please print this form and mail it to:

Research Grant Coordinator
John F. Kennedy Presidential Library and Museum
Columbia Point
Boston, Massachusetts 02125

For further assistance:
Tel. Local: 617-514-1631
Toll Free: 1-866-535-1960
Fax: 617-514-1625
Email: kennedy.library@nara.gov

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