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
List two academic or other ap telephone), and submit with t	•	
1		
2		
Title of research project:		

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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.
Applications can be sent by electronic mail to Kennedy.Fellowships@nara.gov, or as hard copy to:
Research Grant Coordinator John F. Kennedy Presidential Library and Museum Columbia Point Boston, Massachusetts 02125
For further assistance: Tel. Local: 617-514-1629 Toll Free: 1-866-535-1960

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