



## The Mead B. Kibbey California State Library Fellowship

Administered by the California State Library Foundation

### Kibbey Fellowship Application

This application, along with transcripts and two letters of recommendation, must be received by first Monday in February by 5 PM.

**Submit by mail to:**

Mead B. Kibbey Fellowship  
California State Library Foundation Fellowship and Grant Committee  
1225 8th Street,  
Sacramento, CA 95814

**Or email PDF to:** [admin@csfldn.org](mailto:admin@csfldn.org) **Subject line:** Kibbey Fellowship Application

Please complete all following portions of this application form.

Name of Applicant (please print): \_\_\_\_\_  
Last First Middle (or Middle Initial)

Title of Project: \_\_\_\_\_  
\_\_\_\_\_

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

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

Country of Citizenship: \_\_\_\_\_ Date of Birth \_\_\_\_\_

I am a Graduate Student: \_\_\_\_\_ (Complete the “Graduate Student” section below)

I am an Undergraduate Student: \_\_\_\_\_ (Complete the “Undergraduate Student” section below)

**GRADUATE STUDENT**

Home Campus: \_\_\_\_\_ Major/Department: \_\_\_\_\_

Degree Objective: \_\_\_\_\_

Are you in a doctoral program? \_\_\_\_ Yes \_\_\_\_ No

Date or anticipated date for advancement to candidacy for the doctoral degree: \_\_\_\_\_

When did you first register as a graduate student? \_\_\_\_\_

Are you currently enrolled as a graduate student? Yes \_\_\_\_ No \_\_\_\_

List in reverse chronological order all colleges or universities attended:

Name of Institution	Dates Attended	Degree Goal	Degree Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list all graduate fellowships, scholarships or traineeships you have held as a graduate student.

Name of Institution	Dates	Amounts Awarded
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list other types of financial support for which you intend to apply, both within and outside the University:

Name of Institution \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all the occupations, other than that of a student, in which you have engaged to any considerable extent.

Name of Institution	Dates
_____	_____
_____	_____

Letters of Recommendation Please list the names of two persons from whom you have requested recommendations. The Committee requires current letters with cover letter form.

1. \_\_\_\_\_
2. \_\_\_\_\_

Summary of Statement of Purpose

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statement of Purpose

Please attach a Statement of Purpose of 1,000 words or less describing your research project and how the research project will be aided by access to California State Library’s collections. The Statement must be one-sided, double-spaced in 12 size font, preferably Times New Roman. Include your name and page numbers on all pages. You may cite your academic plans for the coming year, area of specialization, career goals, and any additional information which may aid the Fellowship and Grant Committee in evaluating your application.

Transcripts

Please submit sealed official transcripts of all college and university work.

Certification

All the information on this form is true and complete to the best of my knowledge.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**UNDERGRADUATE STUDENT**

Home Campus: \_\_\_\_\_ Major/Department: \_\_\_\_\_

Degree Objective: \_\_\_\_\_

List in reverse chronological order all colleges or universities attended:

Name of Institution	Dates Attended	Degree Goal	Degree Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list all fellowships, scholarships or traineeships you have held as a student.

Name of Institution	Dates	Amounts Awarded
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list other types of financial support for which you intend to apply, both within and outside the University:

Name of Institution
_____
_____
_____

Please list all the occupations, other than that of a student, in which you have engaged to any considerable extent.

Name of Institution	Dates
_____	_____
_____	_____
_____	_____

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Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_