



Please complete, if applicable. **Circle one:**

Best Student this year

Best student in five years

Best student in 10 years

Best student in (fill in) \_\_\_\_\_ years

**Recommender's name:** (please print) \_\_\_\_\_

Position or title: \_\_\_\_\_

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit this cover letter form and letter of recommendation in writing 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 Recommendation