



Steinbrecher Fellowship Application

(Please type or print)

Name: _____ Date: _____

Address (Campus): _____

Address (Home): _____

Telephone # (Campus): _____ (Home): _____

email address: _____

Faculty Sponsor's Name: _____

Department: _____

Campus phone # & email address: _____

2nd Recommender: _____

Department: _____

Campus phone # & email address: _____

*** Please be sure to attach a 3-5 page statement describing your proposed project;
your proposed budget and a copy of your transcript
(an unofficial academic grade report will suffice).**

Submit by the February 15th deadline to:

The Steinbrecher Fellowship Selection Committee
c/o Professor Deborah Merrill
Acting Director of the Fellowship Program
Jefferson Academic Center
Room 401