

CENTER FOR THE HUMANITIES

Student Summer Fellowship Application: Cover Page

Please Print

Date: _____

Name: _____ Soc. Sec. # _____

College Address: _____

Home Address: _____

College Phone: _____ Home Phone: _____

Graduation Year: _____ Major: _____

College and other Honors Received: _____

Title of Proposed Project: _____

Faculty Mentor (please print)

Signature of Faculty Mentor

Signature of Student