



ALUMNAE ASSOCIATION of MOUNT HOLYOKE COLLEGE

ALUMNAE FELLOWSHIP APPLICATION

Original plus three copies of this application must be submitted to the Alumnae Association by February 15.

Last Name _____ First Name _____ M.I. _____ Undergraduate Last Name _____ Date _____

Current Mailing Address _____

Permanent Mailing Address _____

Current Telephone _____ Permanent Telephone _____

Current e-mail address _____

For tax purposes, state your country of citizenship and social security number, if not U.S.: _____

Proposed fellowship institution and/or field of study: _____

Brief description of project or area of study: _____

Fellowship(s) requested:

- Mary E. Woolley Bardwell Memorial Class of 1905 Frances Mary Hazen
- Mary P. Dole Medical Hannum-Warner Rachel Brown

Will you be seeking a degree? Yes No If "Yes," indicate degree: _____

Expected date of completion _____ Amount of funding sought _____

Date Mount Holyoke College degree received _____ Mount Holyoke College Major _____

Academic/Professional Recommendations

Please list three persons whom you have asked to write letters of recommendation. These should be individuals who can speak directly about your previous and/or proposed work. (An applicant who has already received a Mount Holyoke degree should name references concerning work pursued since receiving that degree. Very recent graduates may choose to include one or more references from the College.)

Please note: All recommendations are due by February 15.

Name	Title	Address

Educational institutions attended subsequent to Mount Holyoke College: (Please also send transcripts of work completed in the last ten years at institutions other than Mount Holyoke.)

Name	Location	Degree	Date Obtained or Expected

Employment Employer	Occupation or Position Title	Dates of Employment

Other professional experience:

Academic honors, professional recognition, fellowships awarded:

Other fellowships for which you are currently applying:

Publications or other evidence of original work (include honors and name of thesis director, if applicable):

Budget— indicate the estimated cost of the project for which you are seeking assistance (list a detailed budget):

On a separate sheet(s) of paper, describe how the fellowship would assist you in attaining goals. The first paragraph should be a summary of your proposal. The proposal should be 500-750 words.

Original set plus three copies of the proposal and the application form must be submitted by February 15 to:
Carrie Purcell, Alumnae Association of Mount Holyoke College, Mary Woolley Hall, 50 College Street, South Hadley, MA 01075-1486