

# Scholars-in-Residence Program • The Burke Library

Union Theological Seminary in the City of New York  
3041 Broadway at Reinhold Niebuhr Place, New York, NY 10027

## Application Form

RESIDENCY PERIOD REQUESTED (Residency must be either January 1-June 30 or July 1-December 31.)

from: \_\_\_\_\_ (20\_\_\_\_) to: \_\_\_\_\_ (20\_\_\_\_)

### NAME

\_\_\_\_\_  
Last First Middle

### POSITION (current)

\_\_\_\_\_  
Rank/Title

\_\_\_\_\_  
Department

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Country

### CONTACT INFORMATION

Preferred Mailing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Telephone numbers: (Home) \_\_\_\_\_ / \_\_\_\_\_ (Office) \_\_\_\_\_ / \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### TITLE OF PROPOSED STUDY

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

### BRIEF DESCRIPTION OF PROPOSED STUDY (Please limit description to this space; attach four to five page, single-spaced proposal.)

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

### ACADEMIC BACKGROUND

\_\_\_\_\_  
Last Degree Earned Field of Study

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Date of Completion

GRANTS AND FELLOWSHIPS RECEIVED IN LAST FIVE YEARS

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Will this proposal be submitted to another funding agency (government or private)? If so, indicate name of funding agency and date submitted.

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REFERENCES (List three to whom you are sending requests for reference forms)

Name \_\_\_\_\_ Position: \_\_\_\_\_

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

Name \_\_\_\_\_ Position: \_\_\_\_\_

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

Name \_\_\_\_\_ Position: \_\_\_\_\_

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

CHECKLIST OF APPLICATION MATERIALS

Original and 10 additional collated copies of each item below:

- \_\_\_\_\_ Burke Library Scholars-in-Residence Application Form;
- \_\_\_\_\_ Detailed (four to five page, single-spaced) description of proposed study, which demonstrates both its potential scholarly contribution to theology and religion and the necessity of working with the Burke Library collections;
- \_\_\_\_\_ Curriculum Vitae

ACKNOWLEDGMENT OF RECEIPT OF APPLICATION PACKAGE

\_\_\_\_\_ I wish to receive acknowledgment that my application package has been received, and I have included a self-addressed, stamped post card for that purpose.

PLEASE INDICATE HOW YOU LEARNED OF THE SCHOLARS-IN-RESIDENCE PROGRAM

- \_\_\_\_\_ The Chronicle of Higher Education
- \_\_\_\_\_ Internet
- \_\_\_\_\_ Scholars-in-Residence Brochure
- \_\_\_\_\_ Other journals or newsletters (Please specify)

CERTIFICATION

I certify that the statements in this application are true and complete to the best of my knowledge.  
If I receive this award, I agree to abide by the pertinent Burke Library Scholars-in-Residence Program policies.

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