

# Student Library Research Award

## Application Cover Sheet



Please save this completed form as "[Student Last Name]\_SLRA\_CoverLetter.pdf" and email with the rest of your application materials to:

**student-library-research-award@wellesley.edu**

If filling out this form by hand, please print neatly.

Wellesley College - Library & Technology  
106 Central Street  
Wellesley, MA 02481

Phone: 781-283-2097

<http://web.wellesley.edu/web/Dept/LT>

### This application is for:

☐ 100 or 200 level course

☐ 300 level course

### Student Information:

Student Name:

Student ID:

Mailing Address:

Major (if declared):

**Note:** if this is a group project, please add the information for the other group members to the second page of this application. Applications will not be considered complete until information for all group members is provided.

Email:

Phone:

Expected Date of Graduation:

### Faculty Information:

Name of faculty member supporting this application:

Department:

Email:

Phone:

Name of course for which work was completed:

Semester the course was completed:

Title of Paper/Project:

### Checklist of Documents to be included:

☐ Letter of support from faculty member

☐ 500-700 word essay describing your research process/strategies

☐ Copy of your paper or project

☐ 1-page English-language summary (For foreign-language submissions ONLY)

I agree, if I am a winner, to contribute materials to an exhibit on my research that may be on display in Clapp Library for up to one year following the Prize reception.

I also agree that this paper will become the property of the Library; winning papers will become the permanent property of the College Archives, and may be posted online in the Wellesley College Digital Repository.

Signature:

Date:

## Additional Group Members Information

Student Information:

Last Name	<input type="text"/>
First Name	<input type="text"/>
Student ID:	<input type="text"/>
Mailing Address:	<input type="text"/>
Email:	<input type="text"/>
Major (if declared):	<input type="text"/>

**Note:** If this is a group project, please add the information for the other group members to this page.

Applications will **not** be considered complete until information for all group members is provided.

If there are more than 4 group members, contact Laura O'Brien (lobrien@wellesley.edu) for an extended form.

Phone:	<input type="text"/>
Expected Date of Graduation:	<input type="text"/>

Student Information:

Last Name	<input type="text"/>
First Name	<input type="text"/>
Student ID:	<input type="text"/>
Mailing Address:	<input type="text"/>
Email:	<input type="text"/>
Major (if declared):	<input type="text"/>

Phone:	<input type="text"/>
Expected Date of Graduation:	<input type="text"/>

Student Information:

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Student ID:	<input type="text"/>
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Email:	<input type="text"/>
Major (if declared):	<input type="text"/>

Phone:	<input type="text"/>
Expected Date of Graduation:	<input type="text"/>