

EILEEN WALLACE FELLOWSHIP IN CHILDREN'S LITERATURE

APPLICATION FORM

SECTION 1: Basic Data

| | | |
|-------------|-----------------------------|-----------------------------|
| Surname | First Name | Initials |
| Street | City | Province |
| Postal Code | Telephone: Home () | Telephone: Work () |

FAX () E-mail Address:

SECTION 1: Academic Profile

Degrees and Graduate Studies

| Period of Study | Institution/ Organisation | Discipline | Degree | Year Graduated |
|-----------------|------------------------------|------------|--------|----------------|
| to | | | | |
| to | | | | |
| to | | | | |
| to | | | | |

Areas of research expertise

Academic awards and distinctions

Academic and professional experience

| Year | Institution/Organisation | Faculty/Dept. School | Position |
|-------------|---------------------------------|---------------------------------|-----------------|
| to | | | |
| to | | | |
| to | | | |
| to | | | |
| to | | | |

SECTION 3: Research Contributions

| Year | Description of document/publication | No.of Pages | Refereed Journal |
|-------------|--|------------------------|-----------------------------|
| | | | |

Other contributions to research

SECTION 4: Description of Proposed Research

This must demonstrate how you will access and use the UNB Children's Literature Collection. Please add up to three more pages, if required.

Summary

SECTION 5: Financial Data

Other Sources of Funding

| Organisation | Amount Requested | Status of Request |
|--------------|------------------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Budget Summary

Please justify budgetary needs

Signature

Date

Please send two copies of your application to:

Director of Libraries
The University of New Brunswick
PO Box 4400
Fredericton, NB E3B 5A3
Canada

Deadline for application is March 1st.