Margery A. Long Scholarship
for
Archival Administration

APPLICATION

NAME:_____
LAST FIRST M.I.

ADDRESS:_____
STREET APT#

_____
CITY STATE ZIP CODE

PHONE:_____
DAYTIME EVENING

EMAIL ADDRESS:_____

WSU ID#:_____

Are you currently enrolled in the WSU graduate school? ❒Yes ❒No

In what program are you a student: ❒History ❒Library Science

How many credits do you already have in the Archival Administration program? _____

References:
Please furnish the names, phone numbers, and email addresses of three references.

1.

2.

3.

Please submit this completed form and an essay about why you want to be in the archival profession by August 1, 2008. All documents should be submitted to *Kristen Chinery, Walter P. Reuther Library, Wayne State University, 5401 Cass Avenue, Detroit, MI 48202 or ac9538@wayne.edu.*