Name (first, last name): __________________________________________________

Class of __________________________________________

College (check one):
- College of Arts & Sciences
- Lynch School of Education
- Connell School of Nursing
- Carroll School of Management

BC Eagle ID #: ________________________________

Grade Point Average: __________________

Local Address: __________________________________

________________________________________________________________________

Telephone: ____________________________

Email: __________________________________

Proposed Destination: __________________________________________

Title of Independent Research Project/Research Paper attached to an approved course:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Submit to: Amanda V. Houston Fellowship Committee
c/o African & African Diaspora Studies Program, Lyons Hall 301, Boston College
The Amanda V. Houston Traveling Fellowship
APPLICATION FORM
Deadline: Thursday, 30 March 2017

Brief Description of Independent Research Project/ Research Paper attached to an approved course (75 words or fewer):

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Faculty Supervisor: ________________________________________________________________

Dept. or Program Affiliation: _______________________________________________________

__________________________________________________________________________________

Name and Affiliation References (one must be a BC Faculty member):

Ref. 1: _______________________________________________________________________
       (Name)  (BC Dept./Program)

Ref. 2: _______________________________________________________________________
       (Name)  (Dept. & Institution if not BC faculty Member)

Applicant’s Signature: _____________________________________________________________

Date: __________________________________________________________________________

Submit to: Amanda V. Houston Fellowship Committee
c/o African & African Diaspora Studies Program, Lyons Hall 301, Boston College