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**COORDINATING COUNCIL FOR WOMEN IN HISTORY**

2020 CCWH/IDA B. WELLS GRADUATE FELLOWSHIP APPLICATION

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

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City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Message Phone:(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dissertation Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

One paragraph abstract of dissertation proposal:

Date completed qualifying examinations or passage to A.B.D. status, with signature of departmental representative:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date Departmental Representative Signature\*

Applicant certifies to being a member in good standing of the Coordinating Council for Women in History and that this application is complete and includes the materials listed.

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

 (Applicant)

**DEADLINE for receipt of applications: May 15, 2020**

CCWH/IDA B. WELLS GRADUATE STUDENT FELLOWSHIP APPLICATION INFORMATION

I: ELIGIBILITY INFORMATION

The applicant:

* must be a current CCWH member;
* must be a graduate student, not necessarily in a History Department;
* must have passed to A.B.D. status by the time of the application;
* may not apply for other CCWH awards simultaneously;
* need not attend the award ceremony to receive the award.
* must have a dissertation that is historical in nature and that interrogates race and/or gender.

PLEASE NOTE THAT CCWH MEMBERS MAY ONLY APPLY FOR ONE CCWH AWARD PER YEAR

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II: APPLICATION INSTRUCTIONS

Candidates should submit ALL of the following items as attachments in one e-mail to Wellsaward@theccwh.org with applicant’s name and CCWH/Wells 2020 in the subject line:

* A scan of the completed signature form verifying ABD status and current CCWH membership.\*
* A current Curriculum Vitae
* A summary of the dissertation project, an explanation of how the dissertation project will advance our understanding of the issue(s) under study, a survey of the major primary sources, a discussion of the historiography, a summary of research already accomplished, and an indication of plans for completion of the dissertation in no more than 1200 words, double-spaced.
* Two letters of recommendation from members of the dissertation committee in separate e-mails with name of applicant and CCWH/Wells Award 2020 in the subject line. If a signature is not obtained, at least one of the letters should state that applicant has advanced to A.B.D. status.
* Applicants who do not meet the deadline for submission or include all the required materials will not be considered.

E-mail all the elements of the application to Wellsaward@theccwh.org in one e-mail attachment with name of applicant and CCWH/Wells Award 2020 in the subject line. The letters of recommendation should be sent separately to Wellsaward@theccwh.org with the name of the applicant, CCWH/Wells Award 2020 in the subject line.

TIMETABLE:

May 15 2020: All elements of application due to Wellsaward@theccwh.org
Early September 2020: Winner notified
January 2021: Award (and check) is formally presented at the CCWH Awards Luncheon at the AHA Annual Meeting.

**\*If it is not possible to obtain a signature on this form, please ensure that at least one letter of reference states that applicant has advanced to A.B.D. status.**