

Center for the Humanities
Student Summer Fellowship Application: Cover Page
Please Print

Date: _____

Name: _____

Soc. Sec # or Loyola ID: _____

College Address: _____

Home Address: _____

College/Cell Phone: _____ Home Phone: _____

Class Year: _____ GPA: _____ Major: _____

College and other Honors Received: _____

Title of Proposed project: _____

Faculty Mentor (please print)

Signature of Faculty Mentor

Signature of Student