



## OHRAB Fellowship Application

### Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

\_\_\_\_\_

Why would you like to participate in the OHRAB Fellowship Program?

Do you have previous archival experience? \_\_\_ Yes \_\_\_ No

If yes, where have you worked and in what capacity?

What experience do you have performing records surveys, collection processing, and inventorying?  
Describe.



## OHIO HISTORICAL RECORDS ADVISORY BOARD

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Do you have experience conducting preservation assessments on collections? Describe.

List the graduate level courses you have completed in archival studies.

### References:

*Please list two references (not relatives) who we may contact regarding your application.*

Name	Title	Address	Phone	Relationship

Please return the application and a copy of your current resume to [ohrab@ohiohistory.org](mailto:ohrab@ohiohistory.org). **The application deadline is June 1, 2020.** For questions please contact [ohrab@ohiohistory.org](mailto:ohrab@ohiohistory.org).