



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

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. **The application deadline is April 20, 2026.** For questions please contact ohrab@ohiohistory.org.