

**REFERENCE FORM**
**Applicant**

Last Name	First Name	Middle Name
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**Reference Information**

Last Name	First Name	Middle Name
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Position/Title/Rank:	Name of Institution or Organization:
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Address:

City:	State:	Zip /Post Code:	Country:
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Phone:	Fax Number:	Email Address:
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**Instructions**

In a general statement of not more than two pages in length, please cover the following information:

- Length of time and under what circumstances you have known the applicant
- Applicant's background, including professional qualifications and activities
- Applicant's level of competence to work with the proposed materials and/or subject matter
- Merits of the applicant's proposal and significance of the proposed research
- Proposal's relation, if any, to earlier research performed by the applicant
- Project's potential to reach a wider audience
- Appropriateness of the Library of Congress as a venue for the proposed research
- Applicant's ability to carry out the project as designed

**Please send both your statement and this form to:**

By Mail:

The David B. Larson Fellowship in Health and Spirituality  
The John W. Kluge Center / Office of Scholarly Programs  
Library of Congress, LJ-120  
101 Independence Avenue, SE  
Washington, DC 20540-4860

By Email:

[scholarly@loc.gov](mailto:scholarly@loc.gov)  
Subject line: Larson Fellowship

By Fax:

(202) 707-3595  
Attention: Larson Fellowship