**Name:**

**CUNYFirst ID number:**

**Doctoral Program:**

**Doctoral Level (II or III):**

**Title of Proposal:**

**Name of Adviser who will write a letter of recommendation:**

*Please check the award you are applying for:*

**\_\_\_\_ Early Research Initiative Award for Archival Research in American Studies**

**\_\_\_\_** **Early Research Initiative Award in African American and African Diaspora Studies**

**Have you received an Archival Research Grant in the past?** \_\_\_ Yes \_\_\_ No

**If so for what year(s)?** \_\_\_\_2014 \_\_\_2015 \_\_\_2016 \_\_\_2017 \_\_\_2018 \_\_\_2019