

Date: _____

Project Director _____

Department _____

Campus Address _____

Campus Telephone _____

E-mail Address _____

BU ID# _____

**Library Acquisitions Awards
Due Date: March 1, 2010**

Project Title: _____

Project Abstract: (about 250 words)

Letters of support from your department/program chair/director and the appropriate collection development librarian, and a budget outline should be submitted with this cover sheet.

Project Costs: Request from Foundation: \$ _____

Contributions from Other Sources: \$ _____

Total Project Costs: \$ _____

Project Period: From _____ - _____ - _____ To _____ - _____ - _____
Month Day Year Month Day Year

Signatures:

Project Director

Department Chair or Center manager

Director of Humanities Foundation

Approved _____ Denied _____

Please send this application and your supporting materials to:
Christine Loken-Kim The Humanities Foundation, 725 Commonwealth Avenue, CAS 107
617- 358-6251 lokenkim@bu.edu