



King•Chavez•Parks Future Faculty Fellowship Program Future Faculty Fellowship Application

PLEASE TYPE APPLICATION

Date: _____

Name: _____ Date of Birth: _____
First Middle Last Maiden

SS# _____ Driver's License Number: _____

Local Address: _____
Street City State Zip

Home Phone: (____) _____ Daytime Phone: (____) _____

Permanent Address: _____
Street City State Zip

Email address: _____

Have you been awarded a KCP Fellowship in the past? No Yes When? _____

Gender: Male Female U.S. Citizen: Yes No

Current Employer: _____
Name Address

Name of Next of Kin: _____
Name Relationship Address City/State

For which program have you been admitted: _____

For which academic year are you applying: _____
Semester/Year

A. List all educational institutions attended since high school including Grand Valley State University.

<u>Institution</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Degrees Received</u>
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____

B. Professional experience: list employers, type of position and dates of employment.

1. _____
2. _____
3. _____
4. _____

C. Please submit two (2) letters of recommendation from either a former or current professor or employer who is acquainted with your academic abilities and who can comment on your potential for academic study to become a teaching faculty member or academic administrator. List your references here, including name, title, and phone number where they may be reached.

Name Address Phone #

Name Address Phone #

D. Please submit an educational and career goal statement that links your interest, academic preparation, and current studies to your future plans. It is important to address how these factors will contribute to your potential for success in a faculty teaching or administrative career in a post-secondary institution.

E. Specify other financial assistance you are currently receiving or expect to receive

Teaching Assistantship _____ Associateship _____ Research Assistantship _____
Fellowship _____ Non-teaching Assistantship _____ Other _____

F. Review of the Masters Fellowship Agreement

Please sign here acknowledging receipt of the "for reference only" copy of the Masters Fellowship Agreement. Your signature also states that you will abide by the terms of the Fellowship Agreement should you be awarded the King•Chavez•Parks Future Faculty Fellowship.

Signature

Program of Study

PLEASE TYPE FORM

Name _____

SSN _____

Home Phone _____

Daytime Phone _____

Department _____

Program _____

Total hrs. required in program _____

No. of hours completed to date: _____

Date when program was/will be started (semester and year) _____

Anticipated Date of Graduation _____

This program of study must be developed with AND approved by your major advisor. Please list course number, course name, and credit hours (e.g., ED 628 Curriculum Theory – 3 cr) for each semester beginning with the first semester of classes taken for the program through completion of the program. Start at the left and move vertically down. Please list the academic year next to the semester. Your advisor MUST sign this form. Please type form.

Fall _____
Year

Fall _____
Year

Fall _____
Year

Fall _____
Year

Winter _____
Year

Winter _____
Year

Winter _____
Year

Winter _____
Year

Spring _____
Year

Spring _____
Year

Spring _____
Year

Spring _____
Year

Summer _____
Year

Summer _____
Year

Summer _____
Year

Summer _____
Year

Required Advisor Signature _____

Date _____

Required Student Signature _____

Date _____