



MINORITY FELLOWSHIP PROGRAM APPLICATION
Academic Year 2009-10

Name: _____
Last First Middle Initial

Local Address _____ Tel. No.: _____
Street City State Zip

Permanent Address: _____ Tel. No.: _____

Graduate School: _____ Dept: _____

Current Field of Study: _____

Current Degree Program: Master's Ph.D. Other

Total No. Credits Completed: _____
(Please attach copy of Graduate transcripts)

Planned No. of Credits: Fall 2009: _____ Spring 2010: _____

Undergraduate Degree: Major: _____
Minor _____

Undergraduate Institution: _____

Degree: _____ Date: _____

Community College Information: Have you attended a CT Community College? Yes No
If yes, please indicate college(s): _____

Fellowship Area of Interest:
 Instructional _____
Discipline
 Administrative _____
Area(s) of Interest

Please tell us in a few sentences why you are interested in this fellowship. Also indicate any relevant background or experience.

Applicant's Signature: _____ Date: _____