

APPLICATION

Please type this application using Microsoft Word and submit it to the Student Fellowship Program Director, Dr. Rebecca Gerber, Schuette A102. (gerberrl@potSDam.edu, 267-3228)

BIOGRAPHICAL INFORMATION

Full Name:

Campus/Local Contact information:

Mailing address:

Street City State  
Zip

Local/Cell phone number:

E-mail address:

Permanent Mailing address:

Street City State  
Zip

Signature \_\_\_\_\_ Date \_\_\_\_\_

ACADEMIC INFORMATION

Major(s):

Cumulative GPA:

Minor(s):

Submit one unofficial transcript with this application.

List courses in which you completed special projects, independent studies, and other noteworthy experiences.

COURSE TITLE

COURSE NUMBER

SEMESTER & YEAR

List all Scholarships, Awards or Special recognitions.

AWARD

SPONSORING ORGANIZATION

DATE

COLLEGE ACTIVITIES

List all college activities, organizations, memberships, school publications, articles, musical endeavors, committees, etc.

ACTIVITY

ORGANIZATION

DATE

List all public service and community service activities.

ACTIVITY	ORGANIZATION	DATE
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List all part-time or full-time jobs and internships (paid or unpaid).

EMPLOYER	JOB DESCRIPTION	DATES
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List three SUNY POTSDAM references (at least two professors) and explain how they know you and why they will be a strong reference.

REFERENCE	DEPARTMENT	EXPLANATION
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#### PERSONAL DETAILS

Tell us about the following:

Your favorite book:

Your favorite website:

Your favorite movie:

Your favorite sound recording:

Your favorite quotation:

Two adjectives that describe you:

What makes you stand out from your peers?