



University of Michigan-Flint
King-Chávez-Parks Initiative Future Faculty Fellowship Application
 Office of Graduate Programs
 303 E. Kearsley Street, 251 Thompson Library
 Flint, MI 48502-1950
 Office (810) 762-3171, Fax (810) 766-6789

The King-Chávez-Parks Initiative Future Faculty Fellowship Program is funded by the State of Michigan and is intended to increase the pool of traditionally underrepresented candidates pursuing faculty teaching careers in postsecondary education. Preference may not be given to applicants on the basis of race, color, ethnicity, gender, or national origin. Applications are encouraged from minorities, women, people with disabilities, and individuals from cultural, linguistic, geographic, and socio-economic backgrounds who would otherwise not adequately be represented in the graduate student and faculty populations.

This entire application must be completed and signed. *Please type or write legibly in black ink.*

Name _____

UMID _____

Mailing Address _____

_____ City State Zip

Telephone _____

Email _____

Program of Study _____

Anticipated Date of Graduation _____

Michigan Resident: Yes No U.S Citizen: Yes No

Have you ever held a KCP fellowship before? Yes No

If yes, please list details: _____

(Please complete the reverse side.)

Please also submit the following items (along with this application) to the Office of Graduate Programs for further consideration:

1. An educational and career goal statement linking your interest, academic preparation and current studies to your future plans.
2. A budget which provides detail regarding the total (estimate as necessary) cost (e.g. tuition, fees, books, etc.) of your graduate degree at UM-Flint. Provide a summary list of all sources of income (estimate as necessary) including any scholarships/grants that you have received.
3. Current resume/vita.
4. Two (2) letters of reference from faculty familiar with your academic work.

I have read and agree that all statements made in this application are true and correct to the best of my knowledge. Deliberate falsification or misrepresentation will result in a revocation of my KCP FFF application.

By submitting this form, I authorize release of my University of Michigan-Flint educational records to the committee making the decision. I understand that I must meet the KCP Future Faculty Fellowship eligibility criteria to receive an award.

Signature _____

Date _____

Return completed form and materials by December 1 to:
The University of Michigan-Flint
Office of Graduate Programs
303 E. Kearsley Street, 251 Thompson Library
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