**Future Faculty Fellowship**

***Personal Information***

**Name:**  *Enter Full Name*  **Email:**  *E-mail address*

**Address:** *Enter Full Address* **Phone #:** *(000) 123-4567*

***Other Information***

**Enter LSSU Status:** *Choose an item.* **LSSU ID #:**  *A000000000*

***Academic Information***

**Degree Level Sought:** *Choose an item.* **Degree Type Sought:** *i.e. Ph.D. or Ed.D*

**Area of Study:** *Enter Degree Area, e.g. Educational Leadership or Theoretical Physics*

**Hours already earned in this area at:**

 **Undergraduate** 000 **Masters** 00**, and Doctoral** 00 **levels**

**GPA at: Undergraduate** 0.00 **Masters** 0.00**, and Doctoral** 0.00 **levels**

**Estimated date of Degree Completion:** *Click here to enter a date.*

***Employment or Internships***

Please list, in reverse chronological order, employment or internships in the last 5 years, starting with the most recent. Attach additional pages if necessary.

**Start Date:** *Click here to enter a date.* **End Date:** *Click here to enter a date.*

**Employer:** *Click here to enter text.*

**Address:** *Click here to enter text.*

**Start Date:** *Click here to enter a date.* **End Date:** *Click here to enter a date.*

**Employer:** *Click here to enter text.*

**Address:** *Click here to enter text.*

**Start Date:** *Click here to enter a date.* **End Date:** *Click here to enter a date.*

**Employer:** *Click here to enter text.*

**Address:** *Click here to enter text.*

**Start Date:** *Click here to enter a date.* **End Date:** *Click here to enter a date.*

**Employer:** *Click here to enter text.*

**Address:** *Click here to enter text.*

The KCP FFF program office requires specific award verifications, and contact information as a condition of the FFF award. All records and information will be treated as confidential. Please circle your answer, and/or fill in the required information, for each item below.

|  |  |
| --- | --- |
| Please **attach** documentation that you have been accepted into the graduate program indicated on your FFF application that facilitates a career in postsecondary teaching | (attachment) |
| Please **attach** documentation that you are in “good academic standing” as defined by the graduate institution. | (attachment) |
| Are you currently a recipient of any KCP Initiative Fellowship Award? | (circle: yes / no) |
| Have you received another KCP Fellowship Award for the same degree level (e.g. an earlier KCP Masters’ level award). If yes, provide full information on each degree by year, level and university. | (circle: yes / no) |
| Are you currently in default status on any guaranteed student loan, and/or a KCP loan?Do you grant permission for the LSSU Financial Aid Office to make verification to the KCP/FFF Committee of your loan status? | (circle: yes / no)(circle: yes / no)Initial to indicate approval: |
| Are you a citizen of the United States?Do you grant permission for the LSSU Registrar or Human Resources Office to make verification to the KCP/FFF Committee of your citizenship  | (circle: yes / no)(circle: yes / no)Initial to indicate approval: |
| Are you a Michigan resident for the purposes of the graduate program in which you are enrolled? | (circle: yes / no) |
| ***Committee use only:*** |

***Required Documentation***

Please submit the following items:

1. REQUIRED: all applicants must complete a signed KCP-FFF Eligibility Statement
<https://www.lssu.edu/wp-content/uploads/2019/07/FFF-Eligibiility-Requirements-Statement-Fillable.pdf>
Verification and approval by the State KCP office is required before funding can be released.
2. Initially submit ONLY pages 1-3 (and any required supporting documentation) of this application, submit pages 5-6 only if you are notified of an award.
3. A Narrative Statement of Educational Objectives: An educational and career goal statement linking your interest, current academic degrees and specializations, and your current studies to your intended plans to enter post-secondary education as a faculty or administrator. Applicants are required to frame their objectives in context with the KCP program goals and LSSU objectives, specifically to promote graduate faculty training preparing individuals who can be role models for academically or economically disadvantaged students. In addition, it is a goal of the university to increase the number of terminally qualified faculty and administrative professionals at the university, and to strengthen the university's effectiveness and impact in our region through education and training for academically or economically disadvantaged students. <http://www.lssu.edu/provost/kcp.php>
4. A Narrative Summary of Graduate Program Information:
	1. Identify all graduate degrees currently earned: date, level and university.
	2. Identify the current graduate institution(s) and program(s) to which you have been admitted in a program that will facilitate postsecondary teaching.
	3. Attach documentation of acceptance into the program, current admission status, and evidence of good academic standing in the program where applicable.
	4. Attach a program audit or other listing of program requirements with a semester-level analysis of your program completion plan including course titles, and credits.
5. A Narrative Summary of the Financial Analysis: Attach a tentative budget which provides detail by semester regarding the total (estimate as necessary) cost (e.g. tuition, fees, books, travel, etc.) of your graduate degree. Provide a summary list of any scholarships/grants that you have received, a statement of financial need, and an estimate of the additional funding needed to complete your degree.
6. Academic Records:  Current resume/vita and all university transcripts, certifications, or other educational records.
7. References: At least two (2) letters of reference from supervisors, faculty or others familiar with your academic, professional, administrative or other work and potential.
8. Optional: Any additional information or documentation that you believe would assist the committee in its decision.

***Acknowledgement***

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 [Enter University Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] 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** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please print and return this completed form, and return with all associated documents to:**

Future Faculty Fellows Selection Committee

c/o Erica Newland

Office of Sponsored Programs

Lake Superior State University

650 W. Easterday Avenue

Sault Ste. Marie, MI 49783

Questions/concerns, contact: (906) 635-2272; enewland@lssu.edu

*It is the policy of Lake Superior State University that no person shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in employment, or in any program or activity for which the University is responsible on the basis of race, color, national origin or ancestry, gender, sexual preference, age, disability, religion, height, weight, marital status or veteran status.*

**KCP Future Faculty Fellowship Award Documentation**

*Directions: These pages are required ONLY upon notification that an award has been granted. Do NOT submit pages 5-6 with your* ***initial*** *application.*

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| **KCP FFF Fellow Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **FIRST - MI - LAST - suffix****Please submit the following information related to the KCP/FFF program award** **The KCP FFF application requires an entry for every field** |
| KCP - Fellow Social Security Number: | *Click here to enter text.* |
| KCP - Fellow Student number:  (as issued by your graduate school) | *Click here to enter text.* |
| KCP - Fellow Michigan Driver License number: | *Click here to enter text.* |
| KCP - Fellow Birthdate: | *Click here to enter a date.* |
| KCP - Fellow Ethnicity: | *Click here to enter text.* |
| KCP - Fellow Maiden name: (if applicable) | *Click here to enter text.* |
| **KCP - FELLOW CONTACT INFORMATION**KCP - Fellow Home Address: StreetCity State and ZipFellow EmailKCP - Fellow Alternate EmailKCP - Fellow Phone numbers: Work = Home = Cell =  | *Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.* |
| **Alternate Contact Information**Name (First MI Last)RelationshipAddressAlternate Contact Phone Numbers: Work Home Cell = Alternate Contact Email = Alternate Contact Alternate Email =  | *Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.* |
| **Next-of-Kin Contact Information**Name (First MI Last)RelationshipAddressNext-of-Kin Phone Number: Work= Home Phone= Cell = Next-of-Kin Contact Email: Next-of-Kin Contact Alternate Email:  | *Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.* |
| **Graduate Program Advisor/Chair Contact**Salutation:Name (First Last):Title:Department:Institution:Institutional Address: StreetCityState and ZIPDepartmental Phone= Departmental FAX = Departmental Cell = Advisor Email:Institutional Alternate Email: | *Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.* |
| **Graduate Program Information**Graduate Department Name:Department Phone = Degree Type and Program Name: (i.e. Ed.D. Educational Leadership or Ph.D. Theoretical Physics)Program CIP Code (provided by KCP FFF)Expected Graduation Date (MM/DD/YYYY)First Semester Start Date(MM/DD/YYYY)General Program Notes: (N/A is default) | *Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter text.**Click here to enter a date.**Click here to enter a date.**Click here to enter text.* |