

OFFICE OF THE VICE PROVOST
THE COLLEGE AT BROCKPORT, STATE UNIVERSITY OF NEW YORK
350 NEW CAMPUS DRIVE
BROCKPORT, NEW YORK 14420
585-395-2504

DEADLINE: November 30, 2018

PAGE ONE Graduate Diversity Fellowship Program (GDFP) Application—Sign Below

The College at Brockport welcomes your interest in a wonderful opportunity, the SUNY Graduate Diversity Fellowship Program. This competitive award is open to highly qualified applicants who can contribute to the diversity of the College's student body and demonstrate they have overcome a disadvantage or other impediment to success in higher education.

This prestigious fellowship for a matriculated graduate student starts in the **Spring 2019 semester**. It provides a stipend of up to \$3750 per academic semester (depending on available funding) as well as in-state tuition expenses for up to 9 graduate credits of degree-required courses for that semester. Students in academic probation are not eligible for this award. Fellows who maintain good academic standing and have degree requirements yet to complete may have the award renewed for up to a total of four academic semesters.

Please note: applicants need to complete this **three-page application** and the **Personal Statement**, collect at least **one signed and sealed Letter of Recommendation** (form attached), and submit all of these materials along with a **resume** to the Vice Provost's office. They can mail the complete application to the address above (postmarked by April 16, 2018) or deliver it to Brown Building room #254 by 4:00 p.m. on that date.

Graduate Diversity Fellowship Guidelines:

1. Fellows must be U.S. citizens or permanent residents
2. Fellows must be matriculated for at least 9 credits of Master's Degree and/or Certificate of Advanced Study coursework by the beginning of the first semester of their award period, and maintain full-time and program-specific study throughout that period. With department approval, fellows can register and pay for more courses, but the award reimburses 9 credits in each of the fall and spring semesters.
3. Fellows must comply with all graduate policies (see link) as well as meeting their program's GPA requirements and focusing on coursework required by their degree programs.
4. Fellows must be available during normal business hours to work an average of 15-20 hours each week during the semester in the academic department or office to which they are assigned.
5. Fellows retain their award only if they fulfill these guidelines, remain in good academic standing, and are continuously enrolled as full-time students (at least 9 graduate credits, unless they have fewer credits left to complete their degree programs).

I understand and acknowledge these guidelines for the GDFP: (sign here): _____

Date: _____

PAGE TWO GRADUATE DIVERSITY FELLOWSHIP PROGRAM (GDFP) APPLICATION

(Name: First, Last, Middle Initial) (Banner ID#, if Brockport student) (Date of Birth)

(Permanent Address) (email address)

(Local Address) (Telephone Number)

(Graduate Program- please note whether you are an applicant, accepted student, or enrolled student)

(Highest degree held) (Undergraduate Institution)

(Graduate Institution)

Ethnic Background (please check): African American _____
Native American _____ (TribalAffiliation) _____
Hispanic American _____
Caucasian _____
Other _____

Were you in an Educational Opportunity Program (EOP, SEEK, or HEOP) as an undergraduate?

- (Yes)
 (No)

Have you ever been a recipient of a Graduate Opportunity Program (GOP) tuition scholarship?

- (Yes) If so, when? _____
 (No)

Have you ever been a Graduate Assistant (GA) or Teaching Assistant (TA) at The College at Brockport?

- (Yes) If so, When? _____
 (No)

List any professional organizations or honor societies to which you belong:

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ACADEMIC ACCOMPLISHMENTS: Please list (with dates) and briefly describe several accomplishments that would give the review committee better insight into your academic preparation and commitment. These might include special programs attended, projects completed, teaching experience, clinical experience, publications, and/or performance or exhibits.

What kind of work duties in a designated academic department or College office do you feel qualified to undertake that would advance your academic and/or professional training (i.e. research assistance, teaching assistance, event coordination, newsletter editing, student advising, etc.?)

I understand and acknowledge all guidelines and requirements associated with the GDFP stated on this application. I further agree, as a condition of eligibility, **not to hold outside employment in excess of 20 hours per week***, and to abide by all relevant College policies and procedures. I certify that all information I have provided is correct and complete.

(Signature and Date)

SUNY GRADUATE DIVERSITY FELLOWSHIP PROGRAM PERSONAL STATEMENT:
ANSWER BOTH QUESTIONS

1. Please explain how you would contribute to the diversity of the College at Brockport's student body (this may relate to your academic interests and professional ambitions). You may attach your typed response to this page if you do not have room here.
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2. Please explain how you have overcome any disadvantages or impediments (such as economic ones) to success in higher education, and briefly describe your academic and professional goals. Again, you may attach your typed response to this page if you do not have room here.
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SUNY GRADUATE DIVERSITY FELLOWSHIP PROGRAM
RECOMMENDATION FORM

NOTE: YOU ARE REQUIRED TO SUBMIT AT LEAST (1)

TO THE APPLICANT

Fill in your name, intended program of study, the degree for which you are applying, and indicate whether or not you wish to waive your "right to access" to this reference form before giving it to the person who will be submitting comments to support your application. You should give this form to the recommender and have them return it to you in a sealed envelope. **Your application will not be reviewed unless it includes the letter(s) of recommendation, your personal statement, and any and all other necessary materials, by the deadline date.**

- Certificate of Advanced Study
- Master's Degree

(Name of Applicant)

(Graduate Program)

(Degree Desired)

- I agree to waive my right of access to this reference form.
- I do not agree to waive my right of access to this reference form.

_____ (Signature of Applicant)

(Name of Reference)

(Position)

(Organization)

TO THE PERSON COMPLETING THIS FORM

The above named person is applying for a SUNY Graduate Diversity Fellowship Program at the State University of New York College at Brockport. The College attaches great importance to the testimony of faculty members and other professionals qualified to make academic judgments of the applicant. Personal references are discouraged.

PLEASE DO NOT COMPLETE THIS FORM IF THE SECTION ABOVE HAS NOT BEEN COMPLETED AND SIGNED.

How long have you known the applicant?

In what capacity?

PLEASE RATE THE APPLICANT IN RELATION TO OTHER GRADUATE SCHOOL APPLICANTS. THIS SCALE IS A SUPPLEMENT TO YOUR NARRATIVE COMMENTS ON THE REVERSE SIDE AND NEED NOT NECESSARILY BE USED IF YOU ARE UNCOMFORTABLE WITH ITS FORMAT.

ACADEMIC PERFORMANCE	Poor	Fair	Average	Above Average	Outstanding	Not Able to Judge
Ability of expression: in written work						
in oral work						
Creativity in research work, projects, etc.						
Motivation for proposed program of study						
General preparation for graduate work						

In an attached letter, please comment on any specific talents the applicant has demonstrated in research, writing, teaching, clinical work, etc.

Please comment on the applicant's academic, personal, social and professional qualities which reflect his/her ability to do graduate work.

(Signature)

(Position)

(Address)

(City, State, Zip) (Telephone)

THIS IS A SELF-MANAGED APPLICATION PROCESS. PLEASE RETURN THIS TO THE APPLICANT IN A SEALED ENVELOPE AND SIGN ACROSS THE SEAL. DO NOT SEND THIS DIRECTLY TO THE CAMPUS AS IT WILL DELAY THE APPLICATION.