Curriculum Development Grant for Madagascar Summer 2018

PERSONAL INFORMATION

Salutation _____ Name ____________________________________________

LAST/FAMILY FIRST MIDDLE SUFFIX

Previous name(s) (i.e. maiden name) _____________________________________

Gender___Male___Female Date of Birth__________________________

MONTH/DAY/YEAR

Citizenship___U.S. citizen___U.S. permanent resident___All others

Country of citizenship ____________________________________________

ALL NON-U.S. CITIZENS MUST INDICATE A COUNTRY OF CITIZENSHIP

ETHNICITY

Are you Hispanic/Latino?__Yes__No

Race(s) (Select all that apply from the following groups)

_____ African American or Black
_____ American Indian or Alaska Native
_____ Asian
_____ Native Hawaiian/Pacific Islander
_____ Caucasian
_____ Decline to Respond
ADDRESS INFORMATION

Email address__________________________________________________________

Mobile phone__________________________________________________________

Permanent address_____________________________________________________

Street

City State Zip code Country

Present address (if different from permanent address)_____________________

Street

City State Zip code Country

Present until__________________________

Month/Day/Year

MINORITY-SERVING INSTITUTION (MSI) EXPLANATION

Please explain how your place of employment fits the U.S. Department of Education’s description as a minority-serving institution.

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
EDUCATIONAL BACKGROUND

Please provide information on all of the institutions you have attended since high school.

Undergraduate Degree

Name of Institution

Location of Institution (City/State/Country)

Degree Received/Expected

Date of Degree Conferral

Major

Graduate Degree

Name of Institution

Location of Institution (City/State/Country)

Degree Received/Expected

Date of Degree Conferral

Major

Other Degree(s)

Name of Institution

Location of Institution (City/State/Country)

Degree Received/Expected

Date of Degree Conferral

Major
REQUIRED SUPPLEMENTAL APPLICATION MATERIALS

Resume/CV

One Letter of Recommendation
The letter should speak to your abilities as an educator and your pedagogical approach to teaching area studies, especially African studies, in your classroom.

Personal Statement (two pages, double spaced)
Submit a response to the question: How will this trip impact your ability to teach about Africa in your classroom?

Proof of Employment
You must provide proof of employment in order to satisfy the application requirement of working at a minority-serving institution.

These materials, along with this application form, should be submitted via email to the application committee at africa@bu.edu. The deadline for submission is Wednesday, September 27, 2017 at 5pm EST.

CERTIFICATION

In order to submit your application, you must agree to the following statement by signing the bottom of the application.

I attest that all information contained in this application is complete, factually correct, and honestly prepared. I understand that my application may be void or rescinded if any information submitted proves incomplete, not factually correct, or not honestly prepared. If I am accepted, my Curriculum Development Grant may be void or rescinded.

__________________________________________
SIGNATURE

__________________________________________
DATE