

Urban Education Fellows Program

1515 South 29th Street ▼ Milwaukee, WI 53215-1912 ▼ Phone: 414-382-9666 ▼ Fax: 414-382-9664

Program I am applying to: Elementary 1-8

Print Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ Work Phone: () _____

E-Mail Address: _____ Fax: () _____

Citizenship: U.S.A. Resident Alien Specify Country: _____

Social Security Number: (Optional) _____ Gender: Male Female

EDUCATION

High School	Diploma (Y/N)	Year of Graduation	
_____	_____	_____	
College/University	Major/Minor	Degree	Date of Completion
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYER INFORMATION

Company Name	Position	Dates of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNIFICANT COMMUNITY/VOLUNTEER ACTIVITIES

Organization	Activity	Date(s)
_____	_____	_____
_____	_____	_____

List the names and positions of the individuals whom you have asked to submit letters of recommendation on your behalf. Three recommendations are required. At least one should be from a supervisor or professional colleague. Your application will not be complete until all are received.

Name	Title	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Be sure to carefully complete all aspects of the application and do not bind materials or place in plastic folders.

Signed _____

Date _____

Rev. 10/08