



OSU Center for African Studies

FLAS FELLOWSHIP APPLICATION FORM

Academic Year 2014-2015

APPLICATION DEADLINE: Monday, February 1, 2014

This form will be used in evaluating fellowship applicants and should be filled out carefully following the instructions provided on the attached Application Procedures form. No consideration will be given to a form that is incomplete or improperly filled out.

Please submit the original application form and one-page statement of intent, and, under separate cover, two letters of recommendation and an official, up-to-date transcript of all courses taken and grades received. Applications must be postmarked by Feb. 1, 2014, or delivered to CAS in person by 5 PM Feb. 1, 2014.

Please type or print:

Name: _____
(last) (first) (middle/maiden)

Present Address: _____
(no.) (street) (city) (state) (zip)

Telephone: _____ E-mail: _____

Permanent Address: _____
(no.) (street) (city) (state) (zip)

Telephone: _____ Citizenship: ☐ U.S. Citizen
☐ Permanent Resident

Major: _____ Degree Sought: ☐ BA ☐ BS

Minor: _____ GPA: _____

Faculty Advisor: _____ Expected Completion Date: _____

Please answer the following questions:

Are you submitting any other applications for 2014-2015 Academic Year FLAS Fellowships to other Title VI Centers at The Ohio State University? ☐ Yes ☐ No

If yes, please list the Centers:

Are you applying for any other fellowships for the 2014-2015 Academic Year? ☐ Yes ☐ No

If yes, please list the fellowship(s):

Have you ever won a FLAS fellowship from *any* university? Yes ☐ No ☐

If yes, for what language(s), where, and when?

Proposed Language of study: _____ Level: _____

How many quarters/semesters have you completed
in your proposed language of study?

Quarters: _____ Semesters _____

Other: _____

Estimate your current level of proficiency in your proposed language of study:

☐ elementary ☐ intermediate ☐ advanced

Have you ever studied an African language? If so, what language and level?

Have you ever lived or studied in Africa? ☐ Yes ☐ No If yes, please describe:

What are your long-term career goals? Please check all that apply:

- | | |
|---------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Elementary/Secondary Education | <input type="checkbox"/> US Military |
| <input type="checkbox"/> Higher Education | <input type="checkbox"/> International Organization in the US |
| <input type="checkbox"/> Graduate Study | <input type="checkbox"/> International Organization outside the US |
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> Private Sector: For Profit |
| <input type="checkbox"/> State/Local Government | <input type="checkbox"/> Private Sector: Not for profit |
| <input type="checkbox"/> Foreign Government | |

I certify that I will register at OSU as a full-time student earning a minimum of six credit hours, including one language and one area studies course, during each semester of the award period. I propose to enroll in the courses listed below by course number and title, and have contacted the appropriate departments to determine that these courses will be offered during the 2014-2015 Academic Year. If I plan on studying abroad, I have determined that the courses I need will be offered by the program/school I have chosen and that the appropriate OSU departments will accept the credits earned abroad for transfer credit.

YES ☐

Please indicate below the language and area studies courses you plan to take during the year of your award. You must take **one language AND one area studies course per semester**. This course of study is binding. Changes may be made only with the permission of the Center for African Studies.

Autumn 2010	Spring 2011

Colleges and universities attended, including The Ohio State University:

College/University; City & State	Dates of Attendance	Degree	Date Awarded or Expected	Major/Specialization

Recommendations: List names and titles of at least two persons whose recommendations you have solicited. Deliver a FLAS Recommendation Form directly to those persons, along with a stamped envelope addressed to CAS. Your recommenders should address your accomplishments and qualities, evidence of your commitment to Africa, and the suitability of the proposed course of study to your career plans. FLAS Recommendations should be returned by your recommenders in a sealed and signed envelope directly **to the Center for African Studies by February 1, 2010.**

Statement of Intent: Include a one-page, single-spaced statement of intent describing your program of study with special emphasis on the relevance of language and area studies training to your study and career plans. Please address, also, your background and experience in Africa to date and the region's role in your career plans.

Certification of Truth Statement:

I affirm that the information I have provided on this application form, and any additional materials that I submit related to the Title VI FLAS Fellowship Competition at The Ohio State University, is complete, accurate, and true to the best of my knowledge. I authorize each college or university I have attended to release academic and personal information related to this application upon request of The Ohio State University. I agree to submit other materials which are required for this fellowship application. I understand that furnishing false or incomplete information on any part of this application or related materials may result in disciplinary action under the Administrative Code of The Ohio State University. I also understand that if I receive a FLAS Fellowship, it is my obligation to inform the Office of International Affairs of any other fellowship or grant that I receive during the period of award.

Printed Name

Legal Signature of Applicant

Date
