

Minority Fellowship Program Application
Connecticut Community Colleges
Academic Year 2010-2011

Name _____
Last First Middle Initial

Local Address _____ Tel. No. _____
Street Town State/Zip

Permanent/Address _____ Tel. No. _____
Street Town State/Zip

Graduate School _____ Department _____

Current Field Study _____ Current Degree Program: Master's _____ Ph.D. _____ Other _____

Total No. Credits Completed _____ Date Degree Expected _____
(attach copy of Graduate Transcript(s))

Planned No. of Credits: Fall 2010 _____ Spring 2011 _____

Undergraduate Degree: Major _____ Minor _____

Undergraduate Institution _____ Degree _____ Date _____

Community College Information:

Have you attended a CT Community College? No /Yes (Name of College) _____

Fellowship Area of Interest:

_____ Instructional _____
Discipline(s)

_____ Administrative _____
Area of Interest

Connecticut Community College Campus Preference:
(Please indicate the community college to which you are submitting this application.)

College _____

Please tell us in a few sentences on the back of this application or in a separate letter why you are interested in this fellowship. Also indicate any relevant background or experience.

Applicant Signature _____ Date _____

Please return your application to: Kenneth Armstrong, Board of Trustees of the Connecticut Community Colleges, 61 Woodland Street, Hartford, CT 06105

SUPPLEMENTAL INFORMATION REQUEST FORM

Name of Applicant: _____

Position: _____

The Connecticut Community-Technical College System is subject to federal and state laws and regulations regarding equal employment opportunity and affirmative action which make the keeping of records regarding the race, sex and handicap status of employment applicants a necessity. Additionally, the Board of Trustees of Community-Technical Colleges is committed to avoiding the use of unintentional barriers to equal employment opportunity, and the keeping of such statistics aids in this regard. The information on how you became aware of this position helps to identify those recruitment sources, which were effective, and assists with future recruitment activity. Therefore, it is requested that you provide the information requested below and return this form in the envelope provided.

This information will not be used to exclude you at any stage of the search and selection process and will be used only to comply with requirements established in the regulations of the Connecticut Commission on Human Rights and Opportunities. If you have any questions regarding this data collection activity, please feel free to contact the System Officer for Diversity Awareness at (860) 244-7606.

If you do not wish to furnish this information, failure to do so will not in any way negatively affect your candidacy for this position.

PLEASE CHECK THE APPROPRIATE DESIGNATION FOR EACH CATEGORY:

Sex : ___ Female ___ Male

Race: ___ Asian
 ___ Black
 ___ Hispanic
 ___ Other (please indicate)

Other: ___ Handicapped

PLEASE INDICATE HOW YOU BECAME AWARE OF THIS POSITION:

- ___ Chronicle of Higher Education (Bulletin Board)
- ___ Newspaper Classified Advertisement
 Newspaper: _____
- ___ Position Announcement Posting
- ___ Referral from an individual:
 - ___ within the Connecticut Community-Technical College System
 - ___ in your current institution/organization
 - ___ in a professional association/organization
 - ___ in a community organization
 - ___ within the community
 - ___ other: _____

THE CONNECTICUT COMMUNITY-TECHNICAL COLLEGE SYSTEM IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER M/F