

APPLICATION FOR ASSISTANTSHIP/FELLOWSHIP



Revised: 04/02

Department of Educational Administration and Policy Studies
School of Education

Student Name			
Student ID Number			
Address			
City	State	Zip	
Phone (Home)	()	Phone (Work)	()
Email			

- Semester/School Year for which you are applying for this award: _____
- Degree Program: MS C.A.S. Ph.D. Concentration: _____
- Undergraduate College and Major: _____

- Graduate Degrees(s): _____
- Present Certifications: _____
- List semesters you have received financial aid through EAPS: _____
- Does your application qualify for minority status? Yes No
- Name of the person you are currently assigned to work with: _____
(if currently receiving an assistantship through EAPS)
- If you have an assignment preference, please so indicate: _____

- Scores on Standardized Tests (as applicable)
GRE Date: _____ Verbal: _____ Quantitative: _____ Analytical: _____
TOEFL Date: _____ Total Score: _____
Others (i.e. GMAT; specify): _____
- Current G.P.A. : _____

Signature

Date

Attach to this application a brief essay (no more than a page), outlining for the Committee specific qualifications and skills you feel you would bring to an assistantship, including work experiences, and how you believe they can contribute to meeting the needs of the department. Additionally, including in your essay the skills and expectations you personally hope to realize as a result of this work experience, and why you feel this experience could be important to you at this time in your career.

RETURN THIS COMPLETED FORM AND ESSAY TO: Chair, Admission and Academic Standing Committee, Department of Educational Administration and Policy Studies, ED 340, SUNY albany, 14000 Washington Avenue, Albany, NY 12222.