

**Diversifying Higher Education Faculty in Illinois  
2018-2019 Renewal Application**

Applicant Name \_\_\_\_\_



**MISSION**

The goal of DFI is to increase the number of minority full-time tenure track faculty and staff at Illinois' two- and four-year, public and private colleges and universities.

DFI Administrative Office  
Illinois Board of Higher Education  
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[DFI@ibhe.org](mailto:DFI@ibhe.org)

**Renewal Applications are due to DFI Institutional Reps by February 16, 2018.**

# Diversifying Higher Education Faculty in Illinois 2017-2018 Renewal Application

Applicant Name \_\_\_\_\_

## GENERAL INFORMATION

Attending Institution and Degree to be supported by this award for 2018-2019:

Name/Location: \_\_\_\_\_

Discipline/Major: \_\_\_\_\_ Degree Sought (PhD, EdD, MA, MS, etc.) \_\_\_\_\_

**Note: Awarded applicants are required to enroll full time while receiving this fellowship. If previously funded for a master's-level degree, and now seeking funding for doctoral level, an admission letter to the doctoral program also is required.**

## BIOGRAPHICAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt. City, State Zip Code

Telephone: ( ) \_\_\_\_\_ Cell/Other: ( ) \_\_\_\_\_

Academic E-Mail Address: \_\_\_\_\_

Non-academic E-Mail Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street/Apt. City, State Zip Code

Telephone: ( ) \_\_\_\_\_

## CAREER PLAN

**PLEASE INDICATE FUTURE EMPLOYMENT INTEREST (Check only one):**

\_\_\_\_ Community College \_\_\_\_ Four-year (research emphasis) \_\_\_\_ Four-year (teaching emphasis).

Are you willing to relocate to other parts of the State of Illinois to accept full-time employment in a faculty or staff position? Yes \_\_\_\_ No \_\_\_\_

**Note: Full-time enrollment is required while on DFI Fellowship.**

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## ACADEMIC PROGRESS SECTION

I am requesting continued funding toward the completion of the following degree in 2018-2019:

- \_\_\_\_ Doctorate-level (answer Doctoral section below)
- \_\_\_\_ Master's-level (answer Master's section below)
- \_\_\_\_ Master's/Doctorate combo (answer both sections below)

**Grade Point Average:** What is your overall grade point average in the graduate program for which you are funded? (Indicate scale if other than A = 4.0). **A minimum grade point average of 3.0** (scale 4.0 = A) is required to remain eligible for renewal funding. \_\_\_\_\_

**Credit Hours Completed:** As of the end of this year's spring semester/quarter, how many credit hours have you completed toward the graduate program for which you are funded? \_\_\_\_\_

**Credit Hours Required:** How many total credit hours are required to graduate in the program for which you are funded? \_\_\_\_\_

### Doctoral-level degree seekers:

1. Date of entry into doctoral program (month/year): \_\_\_\_\_
2. Anticipated preliminary exam date (month/year): \_\_\_\_\_
3. Are you currently writing a dissertation? Yes \_\_\_\_ No \_\_\_\_
5. Anticipated defense date (month/year): \_\_\_\_\_
6. Will you have completed all requirements of your program, except the dissertation, before the fall semester 2018? Yes \_\_\_\_ No \_\_\_\_
7. Anticipated degree conferral date (month/year): \_\_\_\_\_

### Master's-level degree seekers:

1. Date of entry into master's program (month/year): \_\_\_\_\_
2. Have you started writing a thesis or research paper? Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_
3. Anticipated degree conferral date (month/year): \_\_\_\_\_
4. Are you pursuing a terminal Master's degree? (i.e. MFA, MSW, etc.) Yes \_\_\_\_ No \_\_\_\_

## RESEARCH & PROFESSIONAL DEVELOPMENT

**Attach a CV/Resume that includes all items marked "Yes" in this section (required). Presentations and publications should be identified in a complete bibliographic reference.**

1. Have you conducted any research projects? Yes \_\_\_\_ No \_\_\_\_  
If yes, include topics researched.
2. Have you submitted a manuscript for publication? Yes \_\_\_\_ No \_\_\_\_
3. If yes, have any been accepted for publication? Yes \_\_\_\_ No \_\_\_\_  
If yes, reference all publications/manuscripts, including those in review.
4. Have you attended a state/regional/national conference (other than DFI)? Yes \_\_\_\_ No \_\_\_\_  
If yes, identify conferences attended, including title, sponsor, date(s), location, and theme.
5. Have you received any academic honors for your graduate work? Yes \_\_\_\_ No \_\_\_\_  
If yes, identify all honors received, including date and honoring agency/organization.
6. Are you affiliated with any professional associations or organizations? Yes \_\_\_\_ No \_\_\_\_  
If yes, include professional affiliations, offices held and years of membership

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## MENTOR/ADVISOR INFORMATION

Mentor's Name: \_\_\_\_\_

Mentor's Department: \_\_\_\_\_

Mentor's Telephone: (\_\_\_\_) \_\_\_\_\_

Mentor's Email: \_\_\_\_\_

## APPLICANT CERTIFICATION

I certify that the information on this renewal application and the required attachments is correct. In the absence of this DFI renewal, I will not be financially able to pursue a graduate degree at this institution. I authorize release of this and other important information to verify my eligibility for the renewal of a DFI award. I agree to the conditions of the DFI renewal, if one is offered and accepted. I understand that misrepresentation of any portion of this application may result in the cancellation of the financial award.

\_\_\_\_\_ I have completed the FAFSA for the 2018-2019 academic year, and agree to provide a copy of my 2017 federal tax forms if asked for them.

Applicant's Printed Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## PERMANENT CONTACT INFORMATION

Provide the name, address, telephone number, and email address of a person who does not reside with you and will always be able to contact you, should we be unable to reach you directly. (List a person that you assume will be at this address for approximately five years from this date.)

Name: \_\_\_\_\_

Last

First

Middle

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Street/Apt.

City, State

Zip Code

Email Address: \_\_\_\_\_

## INSTITUTIONAL REPRESENTATIVE CERTIFICATION

As Institutional Representative, I certify that this student meets the criteria for renewal (satisfactory academic standing, progress toward degree completion, financial need) of the Diversifying Higher Education Faculty in Illinois (DFI) fellowship, and is recommended to be awarded a DFI renewal Fellowship for 2018-2019.

Institution \_\_\_\_\_

DFI Institutional Representative (signature) \_\_\_\_\_

Date \_\_\_\_\_

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**Institutional Representatives**

Please click on the link below for a complete list of DFI Institutional Representatives at:

<http://www.ibhe.org/DFI/instRep.asp>