

Appalachian Bridges to Success Program Application

GENERAL INFORMATION: Applying for Fast Track 2009

Name _____ Social Security Number: _____
(Last First Middle / Maiden)

Mailing Address:

Home Phone: (____) _____ Alternative Phone: (____) _____

E-mail: _____

Community Involvement

In the space below, list up to three community organizations (civic, religious, social, athletics, political) in which you participate.

A. Organization Name: _____

Describe responsibilities: _____

B. Organization Name: _____

Describe responsibilities: _____

C. Organization Name: _____

Describe responsibilities: _____

PAID EMPLOYMENT: *Please list below any paid employment you have held; attach extra sheet if necessary; please include supervisor and beginning and ending dates of employment.*

Most Recent Employer: _____

Supervisor: _____ Hire Date: _____ Ending Date: _____

Previous Employer: _____

Supervisor: _____ Hire Date: _____ Ending Date: _____

Other: _____

VOLUNTEER EXPERIENCE: Please list any volunteer experiences in which you have participated. If more than one, attach separate sheet.

ACADEMIC HISTORY:

Current GPA: _____ Number of College Credit Hours Completed: _____

List below the university or college which you are attending: (please include your major, Years Attended, and current GPA)

Please list any special awards received during your academic career:

Please list any leadership positions you have held:

REFERENCES: Please give the names of three people whom you intend to use as references who are not relatives or personal friends. Include mailing addresses and phone numbers. One of these people should be an instructor/professor from your institution. In addition, if applicable, please list someone from your employment or volunteer experience.

1. Name: _____ Title: _____
Address: _____ City: _____ State ____ ZIP _____
Phone: _____ Email: _____

2. Name: _____ Title: _____
Address: _____ City: _____ State ____ ZIP _____
Phone: _____ Email: _____

3. Name: _____ Title: _____
Address: _____ City: _____ State ____ ZIP _____
Phone: _____ Email: _____

PERSONAL STATEMENT Please attach a brief description (No more than 1 page) of your academic interests and your career aspirations.

Date _____ Signature _____

AN APPLICANT FOR ADMISSION SHALL NOT BE DISCRIMINATED AGAINST BECAUSE OF RACE, COLOR, RELIGION, GENDER, SEXUAL ORIENTATION, MARITAL STATUS, NATIONAL ORIGIN, AGE OR BELIEFS

Appalachian Bridges to Success Letter of Recommendation

_____ I waive my right to review this letter of recommendation.

_____ I do not waive my right to review this letter of recommendation.

Student Printed Name _____ Signature _____

Evaluator: _____ Title: _____

Address: _____ City: _____ State _____ ZIP _____

Phone Number: (_____) _____ Email: _____

The above-named person is an applicant for admission to the Appalachia Bridges Grant program and has given your name as a reference. We would appreciate your answering the questions below; giving your thoughtful appraisal of this applicant's potential to succeed in this program. (Please see attached program information). You can be of greatest help both to the applicant by providing us with your most objective assessment of his/her strengths and weaknesses as you see them. We would appreciate an evaluation of the applicant's qualities such as emotional maturity; ability to function under stress (both personal and situational); social conscience; ability to relate to others regardless of color, beliefs or other differences; and leadership qualities. We would also like to know the length and nature of your acquaintance with the applicant; your assessment of his/her work or academic performance. Since applications are acted upon in the order in which they are completed, both the program and the applicant will appreciate a prompt return of the reference letter. Please seal this form in a business envelope with your signature across the seal. The envelope will only be opened by program staff. Please return your letter of reference in the sealed envelope to the applicant requesting it, who will, in turn, forward it to us. You can also mail it directly to Ellen Napier, UK Center for Excellence in Rural Health, 750 Morton Blvd, Hazard, Kentucky 41701 or email at ellen.napier@uky.edu

Thank you for your cooperation.

Sincerely,

Tamara L. Knox, Psy.D.
Project Manager
Appalachian Bridges to Success

On a scale: 3=Exceptional Ability 2=Average Ability 1=Poor Ability 0=Insufficient Information
Circle One

| | | | | |
|--|---|---|---|---|
| 1. Applicant's academic potential | 3 | 2 | 1 | 0 |
| 2. Applicant's research skills | 3 | 2 | 1 | 0 |
| 3. Applicant's self-directed learning skills | 3 | 2 | 1 | 0 |
| 4. Applicant's ethical development | 3 | 2 | 1 | 0 |

Please provide a thorough answer to the following:

1. Describe the strengths, specialized skills, or any other ability that might contribute to the student's success in this program.

2. Describe any potential obstacle the applicant might have in completing this program.

3. Please provide any other comments you believe to be pertinent to this application.

Please mail this back to: Ellen Napier, UK Center for Excellence in Rural Health-Hazard, 750 Morton Blvd Hazard, Kentucky 41701 or email: ellen.napier@uky.edu