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
1 North Old State Capitol Plaza, Suite 333
Springfield, IL 62701-1377
DFI@ibhe.org

Renewal Applications are due to DFI Institutional Representatives by 4:00 p.m. on February 11, 2022.

Applicant Name _____

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Name/Location:									
Discipline/Major: _		Degree Sought (PhD, EdD, MA, MS, etc.)							
_	for a master's-	level degree, and	now seeking fur	ceiving this fellowship. If nding for doctoral level,					
BIOGRAPHIC	CAL INFOR	RMATION							
Name:									
Last		First		Middle					
Gender: Male	Female	_ Date of birth:	//						
Current Address: _									
	Street/Apt.		City, State	Zip Code					
Academic Email A	ddress:								
Non-academic Ema	il Address:								
Permanent Address	:								
	Street/Apt.		City, State	Zip Code					
Telephone: ()									
CAREER PLA	N								
PLEASE INDICA	TE FUTURE E	EMPLOYMENT	INTEREST (Ch	neck only one):					
Community C									
Describe how you p	olan to find emp	loyment in Illinois	upon graduation						
	relocate to other	parts of the State		ept full-time employment in					

Note: Full-time enrollment is $\underline{required}$ while on DFI Fellowship – NO exceptions.

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ACADEMIC PROGRESS SECTION

I am requesting continued funding toward the completion of the following degree Doctorate-level (answer Doctoral section below) Master's-level (answer Master's section below) Master's/Doctorate combo (answer both sections below)	ee in 2022	2-2023:	
Grade Point Average: What is your overall grade point average in the graduat are funded? (Indicate scale if other than $A = 4.0$). A minimum grade point average is required to remain eligible for renewal funding.	rage of 3	.0 (scale 4	
Credit Hours Completed: As of the end of this year's spring semester/quarter have you completed toward the graduate program for which you are funded?		•	hours
Credit Hours Required: How many total credit hours are required to graduate you are funded?	e in the pr	ogram fo	r which
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? 5. Anticipated defense date (month/year): 6. Will you have completed all requirements of your program, except the dissertation, before the fall semester 2022? 7. Anticipated degree conferral date (month/year):		_ No	_
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? 3. Anticipated degree conferral date (month/year): 4. Are you pursuing a terminal Master's degree? (i.e. MFA, MSW, etc.)		_ No	
RESEARCH & PROFESSIONAL DEVELOPMENT Attach a CV/Resume that includes all items marked "Yes" in this section (r and publications should be identified in a complete bibliographic reference.		. Present	tations
 Have you conducted any research projects? If yes, include topics researched. Have you submitted a manuscript for publication? If yes, have any been accepted for publication? If yes, reference all publications/manuscripts, including those in review. Have you attended a state/regional/national conference (other than DFI)? If yes, identify conferences attended, including title, sponsor, date(s), location Have you received any academic honors for your graduate work? If yes, identify all honors received, including date and honoring agency/organ Are you affiliated with any professional associations or organizations? 	Yes Yes , and then Yes ization.	_ No _ No _ No _ No _ No _ No	-
include professional affiliations, offices held and years of membership). 7. Are you currently working (teaching/administration) in your area of study?	Yes	No	_ (1) yes

MENTOR/ADVISOR	RINFORMATION	
Mentor's Department: Mentor's Telephone: ()		
APPLICANT CERTI	FICATION	
In the absence of this DFI re this institution. I authorize re for the renewal of a DFI awa	on this renewal application and the enewal, I will not be financially ablease of this and other important in rd. I agree to the conditions of the hisrepresentation of any portion of tward.	le to pursue a graduate degree at formation to verify my eligibility DFI renewal if one is offered and
I have completed the F of my 2021 federal tax forms	FAFSA for the 2022-2023 academic, if asked for them.	c year and agree to provide a copy
Applicant's Printed Name_		
Applicant's Signature		Date
PERMANENT CONT	TACT INFORMATION	
with you and will always be a	lephone number, and email address able to contact you, should we be un be at this address for approximatel	nable to reach you directly. (List
Name:		
Last	First Cell Phone #: ()	Middle
Street/Apt.	City, State	Zip Code
	EPRESENTATIVE CERT	TIFICATION
(satisfactory academic standi	ve, I certify that this student meets ting, progress toward degree complet on Faculty in Illinois (DFI) fellowshwship for 2022-2023.	tion, financial need) of the
Institution DFI Institutional Represent Date	tative (signature)	

Applicant Name	

Institutional Representatives

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

https://www.ibhe.org/dfiinstRep.asp