**Life Quality Solutions Incubator**

**Fellowship Application**

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Classification: Graduate Student / Doctoral Candidate

College or University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department or Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Engineering GPA: \_\_\_\_\_\_\_\_\_\_\_ Cumulative GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Date of Graduation (month/year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citizenship: \_\_U.S. Citizen U.S. Permanent Resident; Alien # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Research Experience:** Describe your prior research experiences including your graduate research and any research or development efforts which have focused on contributions to improving the life quality of individuals with disabilities. Limit your response to one page, 11 point Times New Roman, single spaced with 1” margins.

**Statement of Interest:** Describe your personal/professional/career goals and how these relate to improving the lives of individuals with disabilities as described in the fellowship overview. Limit your response to one page, 11 point Times New Roman, single spaced with 1” margins.

**Copy of Official/Unofficial Transcripts.**

**Updated CV or Resume** (include research experience, honors, awards, clubs, extracurricular activities, technical skills, etc.).

**Letters of Recommendation:** Provide two letters of recommendation supporting your application for this fellowship opportunity. Letters can be sent directly to Kathy Bee at bee@cfdsny.org.

**ATTESTATION**

**I have read the Fellowship Overview, Application Guidelines and Conditions for Awards information and agree to comply fully with the expectations as stated.**

**I understand that the information that I have provided will be used by the Center for Disability Services’ LQSI selection committee to evaluate my application and commit that all of the information in this application is accurate.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

**Completed Applications must be submitted electronically only to:**

**Kathy Bee at bee@cfdsny.org by March 12, 2021, 5 pm in order to be considered for the 2021-22 academic year LQSI fellowship opportunity.**