

Applying for a Fellowship

Submit the following:

- A completed AATF application (see reverse side of this sheet).
- A resume summarizing your education, qualifications, and relevant experiences.
- A typed personal essay of no more than two pages. Questions to address:
 - Why do you want to teach?
 - Why are you applying to AATF?
 - What is your ideal teaching job? (grade level and subject matter)
 - What skills and experience do you have (e.g. leadership, community service, or extracurricular) that will serve your students?
- A copy of your official college transcript showing a current GPA of 2.5 or higher.
- Evidence of current enrollment in an accredited education program.
- A Plan of Work that details courses needed to graduate with an education degree or a degree in your major, signed by your advisor.
- Evidence of need: a copy of the current financial aid awards letter from the college financial aid office.
- Three (3) sealed letters of recommendation from: one each from two educators who can attest to your academic abilities and talents, and one from a person who can provide evidence of leadership and community service.

Please mail all required materials in an envelope to:

African American Teaching Fellows
P. O. Box 5064
Charlottesville, VA 22905

You will be contacted when your application has been received. A selection committee will review applications, and finalists will be asked for an interview.

If you have questions:

Call (434) 220-4264, or send e-mail to Scott Guggenheimer at scott@ateachingfellows.org.



AFRICAN AMERICAN TEACHING FELLOWS

of Charlottesville-Albemarle

www.ateachingfellows.org

Application

Legal Name _____
Last First Middle (Complete) Suffix

Preferred Name _____ Birth Date _____
(If not first Name)

Contact Information

E-mail Address _____

Current Phone () _____ Type of Phone: Land line Mobile

Permanent Address _____

City / State / ZIP _____

Permanent Phone () _____ Type of Phone: Land line Mobile

If you do not currently reside at the address above, please provide your current mailing address:

Current Address _____

City / State / ZIP _____

School Information

Undergraduate Institution _____

Major _____ Credit Hours Earned _____

Graduation Date _____ Includes Teacher Certification? Yes No

Advisor _____

Advisor's Title _____

Advisor's Phone () _____ Advisor's E-mail _____

If you have already graduated, complete the items below:

Year completed _____ Degree Earned _____

Currently enrolled in a teacher licensing program? Yes No

To the best of my knowledge the above information is accurate and complete.

Signature _____ Date _____