



Five College Fellowship Program

Amherst, Hampshire, Mount Holyoke and Smith colleges and the University of Massachusetts Amherst are members of the Five College consortium, which supports extensive academic and administrative collaborations among the campuses. The five campuses are located in western Massachusetts, each within 12 miles of the others.

The Five College Fellowship Program provides year-long residencies at one of the member campuses for doctoral students completing dissertations. The chief goal of the program is to promote diversity in the Academy while familiarizing Fellows with the five institutions. The program's intention is to support scholars from under-represented groups, and/or scholars with unique interests and histories, whose engagement in the Academy will enrich scholarship and teaching.

Each Fellow is hosted within an appropriate department or program at Amherst College, Hampshire College, Mount Holyoke College or Smith College. (At Smith, recipients hold a Mendenhall Fellowship.) Fellows are provided research and teaching mentors and connected through the consorcial office to resources and scholars across the five campuses, which include UMass Amherst. The office also supports meetings of the Fellows throughout the year.

The Fellowship includes a stipend of \$30,000, a research grant, health benefits, office space, housing or housing assistance, and library privileges at all five campuses. While the award places primary emphasis on completion of the dissertation, most Fellows teach at the hosting institution, but never more than a single one-semester course.

Date of Fellowship: August 31, 2010 to May 31, 2011 (non-renewable)

Stipend: \$30,000

Review of applications begins: December 1, 2009

Awards announced in March 2010

Return the completed application form and forward supporting documents to:

Five Colleges, Incorporated

97 Spring Street

Amherst, MA 01002-2324

Questions: ntherien@fivecolleges.edu or neckert@fivecolleges.edu

Review of Applications Begins: December 1, 2009

Name

Telephone (Home)

(Work)

e-mail address

Current Mailing Address

Current Institution

Current Position

The following three items are optional.

Gender: Male Female

Please mark one or more of the following as appropriate:

Race/Ethnicity:

American Indian or Alaska Native

Hispanic or Latino/a

Asian

Two or more races

Black or African American

Native Hawaiian or Other Pacific Islander

White

Citizenship:

Institution and department in which doctorate will be completed:

Institution

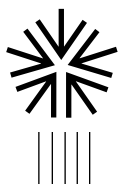
City/State

Department

Date of Advancement to Candidacy

Expected Date of Degree

Proposed Title of Dissertation



EDUCATIONAL/PROFESSIONAL INFORMATION • 2

■ **Education** (Graduate and undergraduate)

Institutions	Fields of Concentration	Dates	Degrees

■ **Professional History**

Positions and Ranks	Organizations and Institutions	Dates

■ **Honors, awards, and research support received in the last five years**

■ **Statement of interest in teaching in a liberal arts context**

- **Brief statement of the ways in which your participation in the Five College Fellowship Program will contribute to diversity in the academy.** Your statement should approach “diversity” in a broad manner, taking into account factors including (but not limited to): background/interest in unique programs of study; background/experiences in multicultural affairs; socioeconomic background; unique racial/cultural experiences; unique educational, professional, or life experiences; first-generation scholar; geography; experience/interest in working with underserved populations; and similar factors.

■ I. ENCLOSURES WITH APPLICATION FORM

_____ CURRICULUM VITAE

_____ DISSERTATION PROPOSAL

■ II. REFERENCES

List the names and addresses of three persons familiar with your academic and professional experience and ability from whom you have requested references. At least two should be persons with whom you have worked in your major fields, including your thesis adviser. The other reference may be in a closely allied field. (*Reference forms enclosed*).

Name	Address
1.	
2.	
3.	

■ III. OFFICIAL GRADUATE TRANSCRIPT

Institution(s) Requested From	Date Requested

■ The Fellowship is for a nine-month period, August 31, 2010–May 31, 2011. Have you applied for any other fellowship or similar appointment for all or part of this period? If so, name below:

■ *I hereby declare that the information provided by me in this application is true, correct, and complete to the best of my knowledge. I authorize Five Colleges, Inc. and/or any host institution to verify all data provided by me on this application, on related papers and in interviews. I authorize all individuals, organizations and institutions named herein to provide any information requested about me. I release from all liability any persons, organizations or institutions supplying such information. I release Five Colleges, Inc. and any applicable host institution from any and all liability resulting from the verification of such information. I understand that any false statement of omission of fact on this application or on any supporting documents shall be grounds for non-selection or for revocation of any awarded fellowship, regardless of when discovered by Five Colleges, Inc. or a host institution.*

_____ *Applicant's Signature*

_____ *Date*

■ PLEASE RETURN TO:

Five Colleges, Incorporated, 97 Spring Street, Amherst, MA 01002-2324

FIVE COLLEGE
FELLOWSHIP
PROGRAM

Applicant's Name _____

Applicant's Name _____

I hereby waive my rights to inspect and review this Reference Form, with the understanding that the document will be used only for purposes of evaluating my qualifications for the Five College Fellowship Program.

(Applicant's signature)

■ **How do you know the applicant?**

■ **How many years have you known the applicant?**

■ **Please give your evaluation of the applicant, with reference to the following:** a) the quality and originality of the applicant's scholarly work to date; b) the applicant's potential for teaching undergraduates. (If more space is required, use the reverse side of this form or an additional sheet.)

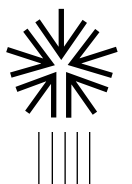
Name Title

Institutional Affiliation

Address

Signature Date

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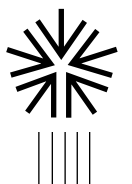
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