AIHEC/DOD Faculty Fellowship Program
Application Form

APPLICANT INFORMATION

(PLEASE PRINT LEGIBLY)

First Name: ___________________________ Middle Name: ______________________

Last Name: ___________________________ Email Address: _______________________

Primary phone number: _______________ Secondary phone number: _______________

Gender: __________ Race/Ethnicity (Optional): __________ Citizenship: __________

Current Address:

Street address #1: ________________________________

Street address #2: ________________________________

City: ___________________________ State: __________ Zip Code/Postal Code __________

Permanent Address:

Street address #1: ________________________________

Street address #2: ________________________________

City: ___________________________ State: __________ Zip Code/Postal Code __________

Do you have any disabilities or special needs?  ___Yes  ___No

If yes, please explain:  __________________________________________________________

ACADEMIC INFORMATION:

Title/Position: ________________________________________________________________

College/University Name: _____________________________________________________

Academic Department: _______________________________________________________

City: ___________________________ State: __________ Zip: __________
RESEARCH INTERESTS

Please develop a 2-4 page info paper of your research capabilities and how those capabilities and your research interest can impact the DOD research mission. Please provide the following information in the info paper. Follow the Fellowship Program Research Plan Template for proposal format.

- Applicant Information:
  - Point of Contact Name
  - Point of Contact Email
  - Point of Contact Phone
  - Project of Contact Discipline

- Research Capabilities. Concisely explain your research capabilities – Describe the research you have conducted and the techniques you are familiar with.

- Interest. Concisely explain your interest – what specific DOD area of research you would like to explore. Explain how your expertise can impact the desired research area.

- Outcome. State the expected/desired outcome(s) of the 10 week experience.

- Follow-on Engagement. Include how the research can be continued at your home institution for continued collaboration with the DOD.

RESEARCH TEAM MEMBER

Each faculty fellow research team requires one faculty team member and one student team member from the home institution. Please provide the following information for the student participant.

First Name: ____________________________ Middle Name: ____________________________

Last Name: ____________________________ Email Address: ____________________________

Primary phone number: _______________ Secondary number: _______________

Gender: __________ Race/Ethnicity (Optional): _________ Citizenship: ______________

ACADEMIC INFORMATION:

Degree Being Pursued: _________________________________________________________

Academic Discipline/Major: ____________________________________________________

Current Research Interest: _____________________________________________________

Planned Graduation Date (Month/Year): ______________ Current GPA (on 4.0 scale):

Please attach an unofficial copy of the research team member’s transcript to the application.
SUPPORT/RECOMMENDATION LETTERS

Two letters of support and one letter of recommendation are required for your application. The support letters should speak to the applicants’ quality and fit to the host ARL campaign, and feasibility of the proposed research project.

Support #1:
- Name: ________________________________________________________________
- Title: ________________________________________________________________
- Telephone Number: ______________ Email Address: _________________________
- Relationship to Applicant _____________________________________________
  (i.e. President, Provost, Dean, etc.):

Support #2:
- Name: ________________________________________________________________
- Title: ________________________________________________________________
- Telephone Number: ______________ Email address: _________________________
- Relationship to Applicant _____________________________________________

Reference #1:
- Name: ________________________________________________________________
- Title: ________________________________________________________________
- Company/Organization: _____________________________________________
- Telephone Number: ______________ Email address: _________________________
- Relationship to Applicant _____________________________________________

SUBMITTING YOUR APPLICATION

Please make sure the following documents are included in your complete application:
✓ Current Curriculum Vitae (include list of any papers, presentations, or publications)
✓ Letters of Support (2)
✓ Reference Letter (1)
✓ Research Proposal
✓ Unofficial Student Transcript

Please submit your completed application by email to:
Stacia Prue, STEM Recruitment Coordinator sprue@aihec.org.
US Department of Defense Faculty Fellowships are issued under the authority of section 2358 of Title 10, United States Code. Information requested on application forms is solicited under this authority. Information provided on an application may be disclosed as part of the program selection process for evaluation and selection of applicants. Aggregated data based on application materials may be used in management reports to evaluate the direction and progress of the program as a whole and for reporting within the Department of Defense (DoD) and federal government. Attribution of specific data to individual applicants will be avoided, whenever possible.

Submission of the information requested on the application is voluntary. Applicants will be considered for selection of a fellowship based on merit and without regard to race, color, religion, nation origin, gender, or age.