

# APPLICATION FORM



**Meredith P. Crawford**  
**Fellowship in I-O**  
**Psychology**  
**2010**

## IDENTIFYING INFORMATION

1. Name: _____ <small style="margin-left: 100px;">Last Name</small> <span style="margin-left: 200px;"><small>First Name</small></span> <span style="margin-left: 100px;"><small>Middle Initial</small></span>	
2. Date of birth: _____ <small style="margin-left: 100px;">Month</small> <small style="margin-left: 20px;">Date</small> <small style="margin-left: 20px;">Year</small>	3. Social Security Number: _____ <small style="margin-left: 100px;">(optional, only need if selected)</small>
4. Dissertation topic proposed:  <input type="checkbox"/> Yes <input type="checkbox"/> No   _____ <small style="margin-left: 250px;">Date</small>	5. Dissertation topic approved by dissertation committee:  <input type="checkbox"/> Yes <input type="checkbox"/> No   _____ <small style="margin-left: 250px;">Date</small>
6. E-mail address: _____	7. When will you defend your dissertation?: <i>(Estimated date is acceptable)</i> _____ <small style="margin-left: 100px;">Month</small> <small style="margin-left: 20px;">Day</small> <small style="margin-left: 20px;">Year</small>
8. Present address: _____ <small style="margin-left: 100px;">Street Address</small> _____ <small style="margin-left: 100px;">City</small> <small style="margin-left: 100px;">State</small> <small style="margin-left: 100px;">Zip</small>	9. Present address valid until: _____ <small style="margin-left: 100px;">Month</small> <small style="margin-left: 20px;">Day</small> <small style="margin-left: 20px;">Year</small>
10. Permanent address: _____ <small style="margin-left: 100px;">Street Address</small> _____ <small style="margin-left: 100px;">City</small> <small style="margin-left: 100px;">State</small> <small style="margin-left: 100px;">Zip</small>	
11. Present phone number: ( ) _____ - _____	13. Present phone # valid until: _____ <small style="margin-left: 100px;">Month</small> <small style="margin-left: 20px;">Day</small> <small style="margin-left: 20px;">Year</small>
12. Fax number: ( ) _____ - _____	14. Permanent phone #: ( ) _____ - _____
15. Are you a citizen of the United States?  <i>(Check one)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If you answered "NO" to question #15:</i>  What country are you a citizen of? _____ <small style="margin-left: 100px;">Country</small>  What type of Visa or P.R. registration number: _____  What is your Visa status: _____
16. Where did you hear about the fellowship? <input type="checkbox"/> TIP <input type="checkbox"/> Monitor <input type="checkbox"/> PTC <input type="checkbox"/> SIOP <input type="checkbox"/> Department Chair <input type="checkbox"/> HumRRO Website <input type="checkbox"/> Other _____	

**EDUCATIONAL INFORMATION**

17. Major field of study: _____ _____	18. When did you start the graduate program in which you are currently enrolled? _____ <div style="text-align: center; font-size: small;"> <span style="margin-right: 100px;"><i>Month</i></span> <span><i>Year</i></span> </div>
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19. List in chronological order ALL colleges and universities attended, including professional schools.

Name & Location of Institution	Attendance Dates	Major/Minor	Major GPA	Cum GPA	Degree Received or Expected and Date

20. List the names of professional associations to which you belong and indicate any offices held.

Professional Association	Dates of Membership	Office Held and Date

21. List any honors, awards, or fellowships received on the basis of academic achievement, and the institution that granted them.

As an Undergraduate Student:		As a Graduate Student:	
Honor/Award/Fellowship	Institution	Honor/Award/Fellowship	Institution

22. Describe your research experience(s) to date. *(Please attach a separate sheet)*

23. Describe your skills in analyzing, interpreting, and communicating research results. *(Please attach a separate sheet)*

24. List any professional experiences such as volunteer work or internships relevant to your application.  
*(Please attach a separate sheet)*

25. List your publications and conference papers. *(Please attach a separate sheet)*

26. List the names, affiliations, and titles of three individuals who have agreed to complete a recommendation form for you.

	Name	Phone #	University or Institution	Title
1 <sup>st</sup> Evaluator				
2 <sup>nd</sup> Evaluator				
3 <sup>rd</sup> Evaluator				

**EMPLOYMENT HISTORY**

27. List your employment experiences inside the table below. *(Put present position first)*

Employer	Position/Title	Dates

28. Please add any information that might assist the selection committee in evaluating your application. *(Please attach a separate sheet)*

I understand that withholding information requested on this application or giving false information may make me ineligible for receipt of the HumRRO's Meredith P. Crawford Fellowship in I-O Psychology. I certify that the statements I have made which are included in this application are correct and complete.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_