



**APPLICATION FOR MEMBERSHIP
Scholarship**

Applicants must notify both their department chair and their dean of the application. Deans will be required to endorse applicants before they are formally admitted to the learning community.

Name: _____ Email address: _____

Home Phone: _____ Campus Phone: _____

Department: _____

Course(s) that you teach:

Status:

| | |
|-------------------------|-------------------------|
| full-time faculty _____ | part-time faculty _____ |
|-------------------------|-------------------------|

Faculty Rank (Please select all that apply):

| | | |
|-----------------|-----------------|----------------------|
| Assistant _____ | Associate _____ | Full Professor _____ |
| Tenured _____ | TTT | |

