

UNIVERSITY OF NORTH CAROLINA AT GREENSBORO

Interpreter Preparation Program – Project CONNECT

Preparing Highly Qualified Educational Interpreters - Federal Award # CDFA 84.325K

Application for Student Stipend

Date: _____

APPLICANT INFORMATION												
Last Name				First				M.I.		Student ID #		
Permanent Address:												
Street Address							Apartment/Unit #					
City				State				ZIP				
Phone				E-mail Address								
Local Address:												
Street Address							Apartment/Unit #					
City				State				ZIP				
Phone				E-mail Address								
Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	U.S. Citizen?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Ethnic Background:	American Indian/ Alaskan Native	<input type="checkbox"/>	African American	<input type="checkbox"/>	Asian / Pacific Islander	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Anglo-European	<input type="checkbox"/>		
Currently Enrolled at UNCG?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Part-time	<input type="checkbox"/>	Full-time	<input type="checkbox"/>	In-state	<input type="checkbox"/>	Out-of-state	<input type="checkbox"/>
Major:				University Status:	Senior	<input type="checkbox"/>	Junior	<input type="checkbox"/>	Sophomore	<input type="checkbox"/>	Freshman	<input type="checkbox"/>
If Senior, which semester will you graduate?	Spring	<input type="checkbox"/>	Fall	<input type="checkbox"/>								
Currently Enrolled at Another College?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Name of Institution:							
Major:				Status:	Senior	<input type="checkbox"/>	Junior	<input type="checkbox"/>	Sophomore	<input type="checkbox"/>	Freshman	<input type="checkbox"/>
Semester / Year for Which Financial Assistance is Requested				Year:	Spring	<input type="checkbox"/>	Fall	<input type="checkbox"/>				
REFERENCES												
<i>Please list three references.</i>												
Full Name							Relationship					
Company							Phone	()		
Address												
Full Name							Relationship					
Company							Phone	()		
Address												
Full Name							Relationship					
Company							Phone	()		
Address												

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WORK HISTORY				
<i>PLEASE INCLUDE ALL VOLUNTEER WORK EXPERIENCE WITH CHILDREN, DEAF OR HEARING, OR WITH DEAF ADULTS.</i>				
Company		Phone	()	
Address		Supervisor		
Job Title			Paid Work <input type="checkbox"/>	or Volunteer Work <input type="checkbox"/>
<u>Responsibilities:</u> 				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	()	
Address		Supervisor		
Job Title			Paid Work <input type="checkbox"/>	or Volunteer Work <input type="checkbox"/>
<u>Responsibilities:</u> 				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	()	
Address		Supervisor		
Job Title			Paid Work <input type="checkbox"/>	or Volunteer Work <input type="checkbox"/>
<u>Responsibilities:</u> 				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>

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DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge. If this application leads to receiving a stipend, I understand that false or misleading information in my application or interview may result in paying back the stipend.			
Signature		Date	

Please send the completed application, your personal statement or letter, and degree evaluation or college transcript to:

**Karen De Naples, Coordinator, Project Connect
Dept. of Specialized Education Services
School of Education
UNCG
PO Box 26170
Greensboro, NC 27402-6170**