

Kean University Adjunct Faculty Federation

KUAFF, AFT Local 624

2016 SCHOLARSHIP PROGRAM FOR KUAFF MEMBERS

KUAFF Member Name (Print) _____

Mailing Address (Street) _____ (City) _____ (St.) _____ (Zip) _____

Cell Phone _____ Email _____ Home Phone _____

Length of time in KUAFF (Years) _____

Leadership/Committee roles in KUAFF [List the year(s) and the position(s)] _____

By signing this statement, I am indicating the truth for all responses.

Signature of KUAFF Member Applicant _____

Are you beginning a graduate/certification program in Fall 2016, if so, give the name and address of the Institution of Higher Learning that you will be attending _____

Indicate your major area of study _____

Attach a statement (500 word limit) indicating

1. Your career goal
2. How your studies will assist you in achieving your goal
3. Statement of need