

*Kean University Adjunct Faculty Federation*  
*KUAFF, AFT Local 6024*  
*1000 Morris Avenue, Townsend 214, Union, NJ 07083*  
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## **2019 AWARDS PROGRAMS**

KUAFF is pleased to announce four Awards Programs to benefit members in good standing and their children.

First, a scholarship for the son or daughter of a KUAFF member in good standing. The scholarship is in the amount of \$500 to be utilized for an undergraduate degree program at a four-year accredited institution of higher learning. Verification of the eligibility of the KUAFF member as well as the connection to the applicant is required.

Second, a scholarship for the son or daughter of a KUAFF member in good standing. This \$500 scholarship is to be utilized for graduate studies at a recognized institution for higher learning.

Third, a Professional Development Grant in the amount of \$500 for an adjunct faculty member in good standing of the KUAFF to be utilized for conference/convention participation, specific training for the instructor, certification in programs vital for courses being taught, and an honorarium for an invited classroom speaker, etc. Verification of eligibility of the applicant is required.

Third, a scholarship for KUAFF members in good standing. This \$500 scholarship is to be utilized for an advanced degree at an accredited institution of higher learning. Verification of the eligibility of the KUAFF member is required.

### **Required Application Procedures**

1. Applications must be completed in full; including required signatures.
2. Completed applications must be delivered to the KUAFF Office, Townsend Hall, Room 214, Main Campus, Kean University, NO LATER THAN March 19, 2019.
3. The KUAFF Scholarship Committee will review all and notify each applicant of their status no later than April 18, 2019.
4. Awardees will be invited to the Spring Awards Dinner Meeting in May, 2019.

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**2019 SCHOLARSHIP PROGRAM**  
**FOR KUAFF SONS & DAUGHTERS**  
**UNDERGRADUATE STUDIES**

Applicant Name (Print) \_\_\_\_\_

Mailing Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (St.) \_\_\_\_\_ (Zip) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Name of Parent (KUAFF Member – Print) \_\_\_\_\_

Parent 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 Son/Daughter Applicant \_\_\_\_\_

Signature of Parent Applicant (KUAFF Member) \_\_\_\_\_

Are you a beginning undergraduate in Fall 2019? If so, give the name and address of the Institution of Higher Learning that you will be attending \_\_\_\_\_

Attach a copy of your high school transcript, include the first semester senior year, and SAT/ACT scores for graduating high school students.

**2019 SCHOLARSHIP PROGRAM**  
**KUAFF SONS & DAUGHTERS (Page 2)**  
**UNDERGRADUATE STUDIES**

Attach a statement (500 word limit) indicating

1. Rationale for your choice of study
2. Your career goal
3. How your studies will assist you in achieving your goal?

If you are already enrolled and have completed at least one year of full time undergraduate study, give the name and address of the institution of higher learning along with your major.

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Attach a current transcript through the Fall 2018 semester.

Have you received a KUAFF Scholarship in the past?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, indicate the year and the amount of the award.    \_\_\_\_\_ Year    \_\_\_\_\_ Amount

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**2019 SCHOLARSHIP PROGRAM FOR SONS & DAUGHTERS  
GRADUATE STUDIES**

Applicant Name (Print) \_\_\_\_\_

Mailing Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (St.) \_\_\_\_\_ (Zip) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Name of Parent (KUAFF Member – Print) \_\_\_\_\_

Parent 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 Son/Daughter Applicant \_\_\_\_\_

Signature of Parent Applicant (KUAFF Member) \_\_\_\_\_

Are you beginning and/or are you continuing graduate studies? Give the name and the address of the institution of higher learning that you are or will be attending and your course of study.

\_\_\_\_\_

Please indicate how your course of study will address your current or future career goals (in 500 words or less).

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**2019 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 and/or continuing a graduate/certification program in Fall 2019, 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. How will you spend these funds (tuition, books, etc.)?

Have you received a KUAFF Scholarship in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, indicate the year and the amount of the award. \_\_\_\_\_ Year \_\_\_\_\_ Amount

*Kean University Adjunct Faculty Federation*  
*KUAFF, AFT Local 624*

**2019 PROFESSIONAL DEVELOPMENT 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 \_\_\_\_\_

Attach a statement (500 word limit) indicating

1. The specific professional development activity
2. Purpose of activity
3. Rationale for your choice of activity
4. The benefits to your students and/or Kean University, and or the KUAFF
5. Benefits to you as the instructor
6. Clearly indicate how all of the money will be spent

Have you received a KUAFF Professional Development in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate the year and the amount of the award. \_\_\_\_\_ Year \_\_\_\_\_ Amount