

Summer FLAS Application Form – Cover Sheet

Name: _____

Home Department or School: _____

Home University: _____

Academic Status: ___pre-MA ___pre-PhD comp ___writing diss. ___Other: _____

KUID (if KU student): _____

Personal Address where you currently receive mail: _____

Your Telephone (____) _____ E-Mail: _____

Name of Proposed Study Program: _____

Target Language: ___BCS ___Czech ___Polish ___Russian ___Slovene ___Turkish ___Ukrainian
___Yiddish

Number of Years Studying the Target Language _____ (KU Students: If language study does not appear on your ARTS form, present photocopied transcripts documenting appropriate language instruction)

Level of proposed summer language study: ___Beginning* ___Intermediate ___Advanced

Dates of Program: _____ Number of Class Contact Hours: _____

Total Program Cost: _____

Tuition: _____ Room & Board: _____

Career plans (you may indicate more than one, but then indicate priority by number). This information is for US/ED IEGPS roll-up statistics only and does not constitute an agreement or commitment.

- ___ Post-secondary Education
- ___ Elementary/Secondary education
- ___ Federal Government State/Local -
- ___ Government Foreign Government
- ___ Private Sector/Profit Private
- ___ Sector/Non-Profit
- ___ International Organization in US
- ___ International Organization outside
- ___ US US Military
- ___ Graduate Study
- ___ Other

Summer FLAS Application Form – Checklist

Instructions:

1. Read Summer FLAS Fellowship information carefully to make sure you meet all requirements and restrictions.
2. Peruse all other materials carefully (this check list/instructions, the cover sheet, two recommendation waiver forms).
3. Use this check list to aid you in gathering the materials you need and submitting a complete application.
4. Make sure your name is on every piece of submitted paper.
5. Check off each item, below, as you complete it.
6. Submit papers in the order requested below.
7. Contact the Director at crees@ku.edu or 785-864-4236 with any questions. There are no stupid questions.
8. Mail the completed application to:

Dr. Edith Clowes, Director
Center for Russian, East European & Eurasian Studies
University of Kansas
1440 Jayhawk Boulevard, Room 320
Lawrence, KS 66045-7574

Your application packet should include:

- A completed cover sheet.
- A signed letter of intent describing the following:
 1. Your academic background
 2. Previous training in the target language
 3. Description of the study program
 4. Preparation for undertaking this program
 5. Ability to cope in another culture (if going abroad)
 6. How this program fits into future course of study and career objectives
 7. The degree of importance of language proficiency to long-term goals.
- A current *curriculum vitae* or resume.
- One (1) letter of recommendation from a faculty member in your discipline, describing your performance in area or content studies. (This letter of recommendation must contain the attached waiver form and should be returned to you in a sealed envelope, signed across the flap by the writer.)
 - If you are a KU student, one (1) copy of your current KU ARTS form (available online at www.artsform.ku.edu).
 - If you are not a KU student, submit a copy of your institution's internal transcript, signed by your chair or graduate advisor. If your institutional transcript shows no language training, include photocopies of transcripts from other and/or undergraduate institutions where you studied language. Such transcripts should be in your departmental file, and the secretary should photocopy them for you and initial them.
- Information about your proposed study program (photocopies of flyers or web pages acceptable).
- Make sure you write your name on every piece of paper.

**APPLICATIONS MUST BE RECEIVED BEFORE 5:00 PM ON FRIDAY, JANUARY 30
2009 TO BE CONSIDERED**

(Copy as needed)

LETTER OF RECOMMENDATION
FLAS FELLOWSHIP (U.S. DEPARTMENT OF EDUCATION TITLE VI)
Center for Russian, East European & Eurasian Studies
University of Kansas

Public Law 93380 permits students or alumni to have access to their files or to waive their right to see recommendations written concerning them after 1 January 1975. Please indicate your preference by signing one of the following:

I understand that Public Law 93380 provides for access to my file, and I wish to retain my right to review the references under the conditions specified.

Date: _____

Signature: _____

In accordance with 438(a)(1)(iii) of Public Law 93380, I hereby freely waive my right to access all letters of recommendation set in conjunction with the nomination for a FLAS Fellowship. I understand that these letters may not be used for any other purpose other than evaluation of my qualifications for the Fellowship, and that, by signing this waiver, I retain the right to learn the names of any and all persons submitting such letters.

Date: _____

Signature: _____