



CALIFORNIA STATE UNIVERSITY, STANISLAUS
Stanislaus Asociación de Investigación Latina (SAIL)
SAIL Scholars Program Application

The SAIL Scholars Program is supported by The Fund for the Improvement of Post Secondary Education (FIPSE). SAIL Scholars will receive financial support to present at national conferences, faculty and professional mentoring support, research support software, and professional/scholarly recognition and development.

Please type or print clearly

PERSONAL INFORMATION

Name _____ CSU Stanislaus ID _____

Address _____ City, State, Zip _____

Cell Phone # _____ House Phone # _____

Email _____ Date of Birth _____

Circle: Male Female

Do you work with a bilingual/dual language program? Yes _____ No _____

What is your current employment? _____

OPTIONAL: Please indicate which of the following categories you identify with. You may check more than one.

- Alaskan Native (Eskimo or Aleut) Black or African American White
- American Indian Hispanic or Latino Asian Native Pacific Islander
- Other Decline to State

EDUCATION

Cumulative GPA to date _____

Undergraduate Graduate MA Graduate Ed.D Other

Expected Completion Date: _____ University/College(s) attended: _____

PERSONAL STATEMENT

- Please briefly address each of the following elements separately (no more than 2 pages total)
- 1) What are your personal and professional qualifications, including experiences working with k-12 Students?
 - 2) Describe your commitment/experience related to bilingual language education.
 - 3) How will the FIPSE/SAIL Scholars Program contribute to your professional development?

RECOMMENDATIONS

Please provide two professional references familiar with your potential.

Name of Reference: Institution: Relation to You: Phone Number: Email Address:

How did you hear about the SAIL Scholars Program? *Circle all that apply*

Classmate Faculty Academic Advisor Current Scholar

Student Posters Email Message Website

Information Session Classroom Presentation

Newspaper Radio Television

Other _____

I acknowledge that the above information is correct to the best of my knowledge. I authorize the SAIL Scholars Selection Committee to view my academic records in order to verify and fully assess my qualifications. I also agree to participate in professional development, research, and evaluation activities associated with the SAIL Scholars Programs.

Signature: _____ Date _____

All applications this semester must be received by Wednesday, November 10, 2010 by 2:00 p.m.
Submit completed applications to:

Department of Teacher Education
DBH 330
CSU, Stanislaus
One University Circle
Turlock, CA 95382

You may direct inquiries to: Dr. Nancy Jean Smith, SAIL Scholars Program Director
NJSmith@csustan.edu PHONE: (209) 667-3357
Teacher Education Department Fax (209) 667-3358

The SAIL Scholars Program is supported by the Fund for the Improvement of Post Secondary Education (FIPSE)
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California State University, Stanislaus
SAIL website: www.csustan.edu/SAIL
SAIL Program Email Address: sail@csustan.edu