

**ASIANetwork Freeman Student-Faculty Fellows Program
2010 Fellowship Grant**

Student Application Form

NAME IN FULL: _____

YEAR IN SCHOOL: FR SO JR SR

COLLEGE OR UNIVERSITY: _____

ACADEMIC MAJOR: _____ MINOR (IF ANY): _____

ASIAN LANGUAGE TAKEN: _____ # OF SEMESTERS TAKEN: _____

COLLEGE MAILING ADDRESS: _____

COLLEGE PHONE: () COLLEGE FAX: ()

E-MAIL: _____

HOME ADDRESS: _____

HOME PHONE: () HOME FAX: ()

SOCIAL SECURITY NUMBER: _____ MALE FEMALE

Please list name, address, and phone of person to contact in case of emergency:

Participant Waiver

THIS IS A RELEASE--READ IT CAREFULLY

The undersigned, in applying for participation in the ASIANetwork Freeman Student-Faculty Fellows Program, hereby forever releases ASIANetwork and any officer, employee, director or agent thereof of and from any and all liability for any act or omission of any kind of character whatsoever and releases them from any costs, damages, and claims or assertions of any kind with respect to which I or my heirs, successors, or assigns may claim against them and specifically without limitation agree as follows:

I release the Program Director, ASIANetwork, and any employee, servant, agent, officer or director thereof, from any liability for injury to myself or any damage to or loss of my possessions caused by acts of omission of any hotels, carriers, fellow participants, restaurants, educational organizations, persons, groups, or organizations, including but not limited to ASIANetwork, their officers, employees, directors, agents or servants in connection with the work or study thereunder.

I have read the foregoing release and agreement and I accept the conditions stated therein.

SIGNATURE OF STUDENT APPLICANT

DATE

**ASIANetwork Freeman Student-Faculty Fellows Program
2010 Fellowship Grant**

Faculty Application Form

NAME IN FULL: _____

TITLE OR RANK: _____

COLLEGE OR UNIVERSITY: _____

ACADEMIC DEPARTMENT: _____

FIELD OF SPECIALIZATION: _____

COLLEGE MAILING ADDRESS: _____

COLLEGE PHONE: (_____) _____ COLLEGE FAX: (_____) _____

E-MAIL: _____

HOME ADDRESS: _____

HOME PHONE: (_____) _____ HOME FAX: (_____) _____

SOCIAL SECURITY NUMBER: _____ MALE FEMALE

Please list name, address, and phone of person to contact in case of emergency:

Participant Waiver

THIS IS A RELEASE--READ IT CAREFULLY

The undersigned, in applying for participation in the ASIANetwork Freeman Student-Faculty Fellows Program, hereby forever releases ASIANetwork and any officer, employee, director or agent thereof of and from any and all liability for any act or omission of any kind of character whatsoever and releases them from any costs, damages, and claims or assertions of any kind with respect to which I or my heirs, successors, or assigns may claim against them and specifically without limitation agree as follows:

I release the Program Director, ASIANetwork, and any employee, servant, agent, officer or director thereof, from any liability for injury to myself or any damage to or loss of my possessions caused by acts of omission of any hotels, carriers, fellow participants, restaurants, educational organizations, persons, groups, or organizations, including but not limited to ASIANetwork, their officers, employees, directors, agents or servants in connection with the work or study thereunder.

I have read the foregoing release and agreement and I accept the conditions stated therein.

SIGNATURE OF FACULTY APPLICANT

DATE

**ASIANetwork Freeman Student-Faculty Fellows Program
2010 Fellowship Grant**

Letter of Recommendation for Student Applicant

To the Applicant: Print or type your name in the space below. Read the waiver statement and sign if you agree to relinquish your right to inspect the recommendation letter. Make **five copies** of the completed form. Request your recommender to attach them to copies of the recommendation letter.

Applicant's Name

I waive the right to inspect this confidential recommendation when it becomes a part of my application file for the ASIANetwork Freeman Student-Faculty Fellows Program. I understand that according to the Family Educational Rights and Privacy Act of 1974 this waiver is optional.

Signature of Applicant

Date

To the Recommender: The student named above is applying for an ASIANetwork Freeman Student-Faculty Fellowship. The program provides an opportunity for students and faculty to conduct collaborative research in Asia. Please provide a candid evaluation of this student's academic accomplishments, intellectual ability, the importance of the proposed project to the student's career, and the student's ability to pursue the project. Please attach a separate page for your statement.

Printed Name

Title and Institutional Affiliation

Signature

Date

Please make five copies of your recommendation letter and attach each to a copy of this form. Put all copies in a sealed envelope with your signature across the flap and return to the student by November 15, 2009.

**ASIANetwork Freeman Student-Faculty Fellows Program
2010 Fellowship Grant**

Letter of Recommendation for Faculty Applicant

To the Applicant: Print or type your name in the space below. Read the waiver statement and sign if you agree to relinquish your right to inspect the recommendation letter. Make **five copies** of the completed form. Request your recommender to attach them to copies of the recommendation letter.

Applicant's Name

I waive the right to inspect this confidential recommendation when it becomes a part of my application file for the ASIANetwork Freeman Student-Faculty Fellows Program. I understand that according to the Family Educational Rights and Privacy Act of 1974 this waiver is optional.

Signature of Applicant

Date

To the Recommender: The faculty member named above is applying for an ASIANetwork Freeman Student-Faculty Fellowship. The program provides an opportunity for students and faculty to conduct collaborative research in Asia. Please provide your candid evaluation of the significance of the proposed project, the qualifications of the faculty applicant, the importance of the project to the applicant's professional development, and the faculty member's ability to supervise student research. Please attach a separate page for your statement.

Printed Name

Title and Institutional Affiliation

Signature

Date

Please make five copies of your recommendation letter and attach each to a copy of this form. Put all copies in a sealed envelope with your signature across the flap and return to the faculty applicant by November 15, 2009.

**ASIANetwork Freeman Student-Faculty Fellows Program
2010 Fellowship Grant**

CHECKLIST/COVER PAGES

(Please use these two pages as Cover Pages of your application packet.
Fill in all applicable information for each applicant.)

FACULTY APPLICANT'S NAME IN FULL: _____

TITLE OR RANK: _____ GENDER: MALE FEMALE

COLLEGE OR UNIVERSITY: _____

MAILING ADDRESS: _____

COUNTRY OF STUDY: _____

STUDENT APPLICANT # 1: NAME IN FULL: _____

YEAR IN SCHOOL: FR SO JR SR GENDER: MALE FEMALE

PROJECT TITLE: _____

STUDENT APPLICANT # 2: NAME IN FULL: _____

YEAR IN SCHOOL: FR SO JR SR GENDER: MALE FEMALE

PROJECT TITLE: _____

STUDENT APPLICANT # 3: NAME IN FULL: _____

YEAR IN SCHOOL: FR SO JR SR GENDER: MALE FEMALE

PROJECT TITLE: _____

STUDENT APPLICANT # 4: NAME IN FULL: _____

YEAR IN SCHOOL: FR SO JR SR GENDER: MALE FEMALE

PROJECT TITLE: _____

STUDENT APPLICANT # 5: NAME IN FULL: _____

YEAR IN SCHOOL: FR SO JR SR GENDER: MALE FEMALE

PROJECT TITLE: _____

A. Application Narratives (check whichever is applicable)

- _____ (1) Collaborative Project Proposal Narrative (with Title and Abstract)
- _____ (2) Project Proposal Narrative #1 (with Title and Abstract)
- _____ (3) Project Proposal Narrative #2 (with Title and Abstract)
- _____ (4) Project Proposal Narrative #3 (with Title and Abstract)
- _____ (5) Project Proposal Narrative #4 (with Title and Abstract)
- _____ (6) Project Proposal Narrative #5 (with Title and Abstract)

B1. From student applicant #1:

- | | | | |
|-------|---|-------|------------------------------|
| _____ | (1) Completed application form with Participant Waiver section signed | | |
| _____ | (2) Personal Essay | _____ | (4) Letter of recommendation |
| _____ | (3) Recent résumé | _____ | (5) Transcript of grades |

B2. From student applicant #2:

- | | | | |
|-------|---|-------|------------------------------|
| _____ | (1) Completed application form with Participant Waiver section signed | | |
| _____ | (2) Personal Essay | _____ | (4) Letter of recommendation |
| _____ | (3) Recent résumé | _____ | (5) Transcript of grades |

B3. From student applicant #3:

- | | | | |
|-------|---|-------|------------------------------|
| _____ | (1) Completed application form with Participant Waiver section signed | | |
| _____ | (2) Personal Essay | _____ | (4) Letter of recommendation |
| _____ | (3) Recent résumé | _____ | (5) Transcript of grades |

B4. From student applicant #4:

- | | | | |
|-------|---|-------|------------------------------|
| _____ | (1) Completed application form with Participant Waiver section signed | | |
| _____ | (2) Personal Essay | _____ | (4) Letter of recommendation |
| _____ | (3) Recent résumé | _____ | (5) Transcript of grades |

B5. From student applicant #5:

- | | | | |
|-------|---|-------|------------------------------|
| _____ | (1) Completed application form with Participant Waiver section signed | | |
| _____ | (2) Personal Essay | _____ | (4) Letter of recommendation |
| _____ | (3) Recent résumé | _____ | (5) Transcript of grades |

C. From the faculty mentor:

- | | | | |
|-------|---|--|--|
| _____ | (1) Completed application form with Participant Waiver section signed | | |
| _____ | (2) Personal essay | | |
| _____ | (3) Recent <i>curriculum vitae</i> | | |
| _____ | (4) Letter of recommendation | | |
| _____ | (5) Letter from the institution's Chief Academic Officer | | |

Five sets of the application packet should be received by December 1, 2009 by Van J. Symons, Student-Faculty Fellows Program Coordinator:

**Dr. Van J. Symons
ASIANetwork Freeman Student-Faculty Fellows Program
Augustana College
History Department
639 38th Street
Rock Island, IL 61201**