

CLASS OF 2020 ACADEMIC & LEADERSHIP FELLOWSHIP PROGRAM



NATIONAL
URBAN
FELLOWS

To The Applicant: Please complete this form if you intend on applying to the National Urban Fellows' Academic & Leadership Fellowship Program Class of 2020

* Upon receipt of the Intent Form, the Program Office will notify you of the next steps in the process.

APPLICANT INFORMATION

MISS MS MRS MR OTHER

LAST NAME FIRST NAME MI

Permanent Address: _____

CITY STATE ZIP CODE

Date of Birth : _____ Gender: Male Female
Place of Birth: _____

EMAIL

Primary Phone Number: _____ SECONDARY PHONE NUMBER: _____

EDUCATION

Undergraduate College: _____ Graduation Year _____ GPA: _____
Degree Earned _____ Major: _____

Undergraduate Address: _____

Undergraduate College: _____ Graduation Year _____ GPA: _____
Degree Earned _____ Major: _____

Undergraduate Address: _____

Graduate College: _____ Graduation Year _____ GPA: _____
Degree Earned _____ Major: _____

ADDITIONAL INFORMATION

Place of Employment: _____ Current Job Title: _____

Current Salary (optional): _____ Years of Professional Work Experience: _____

Have you previously applied for the NUF Academic & Leadership Program? No Yes
If yes, what year(s)? _____

Are any of your relatives alumni of the NUF Academic & Leadership Program? No Yes
If yes, provide Alumni Name and Graduation Year: _____ Year: _____

How did you hear about this program? NUF website NUF staff NUF alumni Other: _____

RESUME

Please attach a copy of your most recent resume. Resume should not exceed two pages. Resume should follow these guidelines:

- 1 inch margins
- Heading should include Name, Email, Phone Number and unique LinkedIn URL
- Sections should be in the following order: Do not include objective statement.
 1. Education
 2. Professional Experience
 3. Leadership Experience
 4. Languages & Skills

AFFIRMATION AND SIGNATURE

I certify that all of my answers on all portions of this form, including all attachments, are true and complete to the best of my knowledge and are my original work. I understand that misrepresentation on any portion of this form or attachments may be cause for expulsion from or denial of admission.

Print Name: _____ Date: _____

(Note: Your printed name on the above line represents your signature and your acceptance of the application requirements)

Upon completion of this intent form, please email it with all attachments to 2020gtwnintent@nuf.org with the subject line *2020 Intent Form: First and Last Name.*

For any further questions or assistance, please contact the NUF Program Office at 646-380-1049 or email Program Manager Wanny Muñoz at wmunoz@nuf.org.