**HARVARD UNIVERSITY ADMINISTRATIVE FELLOWSHIP PROGRAM 2017**

 **RESIDENT APPLICATION** *(Please type your application)*

Name:

 Last Name First Name Middle Initial

Present Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street

 ( )

 City State Zip Code Home Telephone

How did you hear about the program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title School/Department

Business Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street

 ( )

 City State Zip Code Business Telephone

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# JOB EXPERIENCE

\_\_\_ Alumni Affairs/Development \_\_\_ Facilities \_\_\_ Finance \_\_\_ Health \_\_\_ Faculty and Students Services

\_\_\_ Human Resources \_\_\_ Research \_\_\_ Information Technology \_\_\_ Communications \_\_\_ General Administration

**DEGREES (CHECK HIGHEST DEGREE)**

\_\_\_ B.A. \_\_\_ M.A. \_\_\_ M.B.A. \_\_\_ Ed. M. \_\_\_ Ph.D. \_\_\_ M.P.A.

\_\_\_ B.S. \_\_\_ M.S. \_\_\_ J.D. \_\_\_ Ed.D. \_\_\_ M.L.S. \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_

# EDUCATIONAL BACKGROUND AND WORK EXPERIENCE

Please submit a resume detailing your professional and educational experience.

**REFERENCES**

Please use the enclosed applicant reference forms and list below the two references. The completed reference forms must be submitted directly to the **Office of the Assistant to the President via fax to 495-8520 or email to afp@harvard.edu** no later than **July 7, 2017**. Letters of reference should be provided by your immediate supervisor and by a human resources representative in your school or department.

Name: Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ( )

 City State Zip Code Business Telephone

Name: Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 City State Zip Code Business Telephone

**PROFESSIONAL DEVELOPMENT WORKSHOPS/COURSES**

Please list prior relevant professional development experiences while at Harvard.

 **Title of Course/Workshop**  **Where Taken/Source**

Example: Strengths Finder CWD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## STATEMENT OF PURPOSE

A Statement of Purpose is required of all Fellowship applicants. This statement of purpose is a very important

part of the application. Applicants should be as specific as possible about their professional and academic

interests and how participation in the Administrative Fellowship Program can help to develop these interests.

The statement should include a discussion about why you are considering the Fellowship Program, and a

description of your future career objectives.

**STATEMENT OF PURPOSE** (continued)

**APPLICANT'S AGREEMENT**

I affirm that all information on this application is complete and accurate. If admitted to the Administrative Fellowship Program, I agree to abide by all regulations concerning the Program established by Office of the Assistant to the President, Harvard University.

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Signature of Applicant Date of Application

Harvard University

Administrative Fellowship Program

Office of the Assistant to the President

For Institutional Diversity & Equity

Suite 727W, Smith Campus Center

1350 Massachusetts Avenue

Cambridge, MA 02138

(617) 496-1567

Office of the Assistant to the President **DEADLINE: July 7, 2017**

For Institutional Diversity & Equity

Harvard University

Suite 727W, Smith Campus Center

1350 Massachusetts Avenue

Cambridge, MA 02138

Phone: (617) 496-1567

Fax: (617) 495-8520

Email: Afp@harvard.edu

Website: [www.diversity.harvard.edu](http://www.diversity.harvard.edu)

**ADMINISTRATIVE FELLOWSHIP PROGRAM**

**APPLICANT REFERENCE FORM**

**To be completed by SUPERVISOR**

**Please return this form directly to the Office of the Assistant to the President via fax or email.**

The individual below has applied to the Administrative Fellowship Program. Please give your assessment of the applicant. The more specifically you can describe the applicant's suitability for this program, the more useful this information will be to the Selection Committee. The following suggests the type of information we find useful. How long and in what capacity have you known the applicant? Please comment on the applicant's talents, strengths, intellectual ability, creativity, initiative, sensitivity to others, and leadership potential. **Please attach additional sheets if necessary**.

**NAME OF APPLICANT:**

Name: Title:

 *(Please print or type)*

Organization: Telephone:

Address:

Signature: Date:

Thank you for your valuable assistance.

Office of the Assistant to the President **DEADLINE: July 22, 2016**

For Institutional Diversity & Equity

Harvard University

Suite 727W, Smith Campus Center

1350 Massachusetts Avenue

Cambridge, MA 02138

Phone : (617) 496-1567

Fax: (617) 495-8520

Email: Afp@harvard.edu

Website: [www.oap.harvard.edu](http://www.oap.harvard.edu)

**ADMINISTRATIVE FELLOWSHIP PROGRAM**

**APPLICANT REFERENCE FORM**

**To be completed by HR REPRESENTATIVE**

**Please return this form directly to the Office of the Assistant to the President via fax or email.**

The individual below has applied to the Administrative Fellowship Program. Please give your assessment of the applicant. The more specifically you can describe the applicant's suitability for this program, the more useful this information will be to the Selection Committee. The following suggests the type of information we find useful. How long and in what capacity have you known the applicant? Please comment on the applicant's talents, strengths, intellectual ability, creativity, initiative, sensitivity to others, and leadership potential. **Please attach additional sheets if necessary**.

**NAME OF APPLICANT:**

1. **Is candidate in good HR standing (no current corrective actions)?**
2. **Yes**
3. **No (please explain)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **If available, please provide last two performance ratings of candidate.**

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1. **Do you support this applicant’s candidacy? Please explain.**

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Name: Title:

 *(Please print or type)*

Organization: Telephone:

Address:

Signature: Date:

Thank you for your valuable assistance.