



## **The Kennedy Fellows Program**

**A Scholarship and Career Mentoring Program Created by John F. Kennedy, Jr. in 1989**

### **Fall 2012 Application**

**John F. Kennedy, Jr. Institute for Worker Education  
The City University of New York**

# The Kennedy Fellows Program

## Introduction

The Kennedy Fellows Scholarship and Career Mentoring Program was established in 1989 by John F. Kennedy, Jr. to support the higher education and career advancement of direct support workers and frontline supervisors in the disability field. The overall goal of the program is to improve the quality of services to individuals and families by educating and strengthening the frontline workforce.

## Eligibility and Selection

**Employment:** Candidates must have at least one year of continuous satisfactory employment as a frontline worker with a public or non-profit agency that provides health, education or human services to New Yorkers with disabilities. Typical job titles of Kennedy Fellows include direct support professional, direct care worker, assistant teacher, home care worker, group residence worker, case manager, job coach, nurse aide or service coordinator.

**College:** Candidates must be enrolled at The City University of New York (CUNY) and taking at least six course credits each semester. They must be matriculated in a job-related certificate, associate, bachelor's or master's degree program in areas such as Disability Studies, Special Education, Social Work, Nursing, Psychology, Human Services, Rehabilitation Counseling, Recreation, Physical Therapy, or Community Health.

Preference is given to students employed in direct support positions who have the potential to assume professional or leadership positions, and who demonstrate a career commitment to working with people with disabilities and their families. All finalists are interviewed in person or by phone.

## Awards

**Stipends:** Kennedy Fellows will receive \$1,000 each semester for up to two semesters (fall 2012 and spring 2013) for tuition, books, instructional materials, transportation, student fees, childcare, and other expenses associated with their higher education.

Fellows are responsible for paying their tuition and other fees by the deadline set by CUNY. Kennedy Fellow stipends are sent to awardees after those deadlines have passed.

Fellows should also apply for tuition reimbursement and educational leave programs provided by their agency/union, as well as state and federal grant/loan programs for which they are eligible.

In order to be eligible for continued funding in spring 2013, Fellows must show proof that they are still employed in the disability field and still pursuing at least six credits per semester. Students who take fewer than six credits or take a leave of absence will not be eligible for their spring stipend. However, they will be invited to continue to participate in program activities.

## **Taking a Leave from the Kennedy Fellows Program**

In exceptional circumstances where a leave of absence might be required, students must contact Osmin Sullivan-Hewitt, director of the Kennedy Fellows program, in order to verify their status as a fellowship recipient. Students will only be allowed one semester to take a leave from the program. If the leave of absence exceeds more than one semester, the remaining scholarship will be forfeited. The JFK, Jr. Institute may rescind scholarships at any time, for any reason.

## **Program Activities**

**Mentoring:** In consultation with a JFK, Jr. Institute director, Kennedy Fellows choose a mentor, usually a college faculty member or agency professional who serves as a role model, career sponsor and academic advisor. Through the ongoing one-to-one mentoring relationship, and supportive peer relationships with other Kennedy Fellows, dedicated workers receive encouragement and guidance to help them reach their academic and professional goals.

**Other Activities:** Kennedy Fellows and their Mentors are invited to attend conferences that explore contemporary issues in the disability field. They are also invited to participate in a variety of other professional development and networking activities. Free individual tutoring and career counseling are available to all Kennedy Fellows.

## **Complete Application Packages**

Please include the following in your application package:

- Completed and signed application form
- Typed personal statement
- Sealed Recommendation form and letter from a supervisor or other professional from your agency
- Resume
- Official transcript(s) for all colleges you have attended, including current college
- Proof of enrollment for the current fall semester (e.g. bursar's receipt)

## **Deadlines and Important Dates**

The completed application must be received by the John F. Kennedy, Jr., Institute no later than **Friday, October 12, 2012**. All completed applications from qualified applicants will be reviewed. New Fellows will be notified by **November 12, 2012**. A mandatory orientation session for accepted applicants will be held on **Friday, December 7<sup>th</sup> from 9:30AM to 12:00PM**.

### **Mail complete application package to:**

Osmin Sullivan-Hewitt  
Director, Kennedy Fellows Program  
JFK, Jr. Institute/CUNY  
101 West 31<sup>st</sup> Street, 14<sup>th</sup> Floor  
New York, NY 10001

Questions may be directed to [Osmin.Sullivan-Hewitt@mail.cuny.edu](mailto:Osmin.Sullivan-Hewitt@mail.cuny.edu) or 646.344.7313.

To learn more about the program, visit our website at

<http://www.cuny.edu/about/administration/offices/hhs/jfkjinstitute.html>

# Kennedy Fellows Scholarship and Career Mentoring Program Fall 2012 Application

## APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Permanent home address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_ School Email: \_\_\_\_\_

Gender:                     Male             Female            Country of Birth: \_\_\_\_\_

Ethnic Identity (optional): *(Check all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> Black/African American (Non-Hispanic) | <input type="checkbox"/> Hispanic/Latino                       |
| <input type="checkbox"/> White/Caucasian (Non-Hispanic)        | <input type="checkbox"/> Native American or Alaskan Native     |
| <input type="checkbox"/> Asian/Pacific Islander                | <input type="checkbox"/> Other ( <i>Please specify</i> ) _____ |

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## PRESENT EMPLOYMENT

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Job Title: \_\_\_\_\_ Start Date of Employment: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
Month/Year

Work Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone & Extension \_\_\_\_\_ Work Fax: \_\_\_\_\_

Agency/Facility Director: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Supervisor's Telephone: \_\_\_\_\_ Supervisor's E-mail: \_\_\_\_\_

Union Affiliation (*Please specify*): \_\_\_\_\_ Annual Salary: \$ \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Job Title: \_\_\_\_\_

Work Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Start Date of Employment: \_\_\_\_\_ End Date of Employment: \_\_\_\_\_

Month/Year

Month/Year

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

How did you learn about the Kennedy Fellows Scholarship and Career Mentoring Program?

My agency:

Flyer  A mailing  Staff meeting  Conference  Other (*Specify*) \_\_\_\_\_

My union (*Specify*): \_\_\_\_\_

A Kennedy Fellow or Mentor (*specify*) \_\_\_\_\_

Other (*Specify*) \_\_\_\_\_

**EDUCATION INFORMATION**

Please list in chronological order all colleges, graduate, and professional schools you attended or are currently attending:

<b>Dates</b>	<b>College/Institution</b>	<b>Degree Granted (or expected)</b>	<b>Academic Major</b>	<b>Total Credits Earned (if any)</b>

**PERSONAL AND PROFESSIONAL STATEMENT:**

On a separate sheet of paper, in no more than 750 words (e.g., two and a half double-spaced pages), prepare a typed statement that addresses the following:

1. What are your future academic and career plans?
2. Describe a situation at your workplace in which you demonstrated your professional ability and/or commitment.
3. Discuss any additional information you feel might further support your candidacy (volunteer work, awards, personal philosophy, etc).

I affirm that all information and statements provided in this application are complete and accurate. I understand that any false or misleading information or statements will disqualify me from further consideration for a Kennedy Fellows Scholarship and Career Mentoring Program.

Signed \_\_\_\_\_

Date \_\_\_\_\_

# Kennedy Fellows Scholarship and Career Mentoring Program

## Recommendation Form

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### TO THE APPLICANT:

Complete the information below (please print or type) and give it to your **executive director, current supervisor, or other professional at your agency**. They should place this form, along with their own letter of recommendation, in a sealed envelope and return it to you, so you can attach it to your application.

### NAME OF APPLICANT

\_\_\_\_\_

Last

First

Middle

NAME OF RECOMMENDER \_\_\_\_\_

POSITION/TITLE \_\_\_\_\_

### TO THE RECOMMENDER:

The person named above is applying for the Kennedy Fellows Scholarship and Career Mentoring Program. We find that candid comments from those who have direct experience with the candidate and can evaluate the applicant's performance and motivation are extremely valuable. We appreciate the time you are taking to provide this information. Your comments will help us to determine this individual's ability to contribute to the health, education and human services field.

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Please use this scale to rate this applicant in relation to his or her peers	Exceptional	Outstanding	Good	Average	Poor	Unable to Judge
Analytical ability						
Oral communication skills						
Written communication skills						
Initiative						
Leadership						
Maturity						
Organizational ability						

Please include this form with your own letter of recommendation, and sign across the envelope seal to ensure confidentiality. Return the sealed envelope to the applicant, who will submit it unopened to the Institute. The recommendation must discuss the applicant's professional abilities, career interests, and any other qualities that would make him or her a good candidate for this scholarship.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RELEASE FORM FOR PHOTOGRAPHS AND QUOTES

Please fill out this form ONLY if you are comfortable with us taking your photograph and using your quotes for the purpose of marketing the Kennedy Fellows Scholarship and Career Mentoring Program. By signing this document, you agree that the Kennedy Fellows program may use your photograph and quotes to advertise the program. The purpose is to obtain greater interest in this program and recruit social service agencies and direct care staff who, like you, can take advantage of this program through their participation.

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### TO BE COMPLETED BY KENNEDY FELLOWS PROGRAM APPLICANTS:

I, \_\_\_\_\_ (NAME) hereby give my consent and authorize the Kennedy Fellows program, to take and disseminate my photograph and quotes and to release appropriate identifying information in marketing the program. I understand that these materials and identifying information will be used to promote public awareness of this educational opportunity for direct care staff.

Please check which options you are comfortable with in reference to the use of your photograph and quotes:

- a) \_\_\_\_\_ the John F. Kennedy, Jr. Institute website on the Internet and other Internet advertising as appropriate ONLY (i.e. “a” and not “b”)
- b) \_\_\_\_\_ print advertising, e.g. brochures, newspapers, magazines, newsletters .... ONLY (i.e. “b” and not “a”)
- c) \_\_\_\_\_ I agree to both “a” and “b”

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_