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 7th from 9:30AM to 12:00PM.

Mail complete application package to:
Osmin Sullivan-Hewitt
Director, Kennedy Fellows Program
JFK, Jr. Institute/CUNY
101 West 31st Street, 14th Floor
New York, NY 10001

Questions may be directed to 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/jfkrinstitute.html
Kennedy Fellows Scholarship and Career Mentoring Program
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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)
☐ Black/African American (Non-Hispanic) ☐ Hispanic/Latino
☐ White/Caucasian (Non-Hispanic) ☐ Native American or Alaskan Native
☐ Asian/Pacific Islander ☐ Other (Please specify) _________________________

PRESENT EMPLOYMENT

Agency Name: _____________________________________________________________
Agency Address: _____________________________________________________________
City: _________________________ State: ______ Zip Code: ______________________
Current Job Title: _________________________ Start Date of Employment: _________________________
Description of Duties: _____________________________________________________________

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: ___________

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:

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

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

__________________________________________________________

__________________________________________________________

__________________________________________________________

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

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<th></th>
<th>Exceptional</th>
<th>Outstanding</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
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<td>Analytical ability</td>
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<td>Oral communication skills</td>
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<td>Written communication skills</td>
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<td>Initiative</td>
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<td>Leadership</td>
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<td>Maturity</td>
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<td>Organizational ability</td>
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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.

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: ________________________________