

CLAS FLAS Fellowship Application 2019-2020

FLAS Information and Application Instructions

The Center for Latin American Studies (CLAS) at The Ohio State University (OSU) is seeking applications for fellowships for Summer 2019 and Academic Year 2019–2020 under the U.S. Department of Education's Title VI Foreign Language and Area Studies (FLAS) Fellowship program. Please read the relevant information sheet below for detailed fellowship information, requirements, and application procedures:

CLAS 2019-2020 FLAS Fellowship Information Sheet for Undergraduate Students

CLAS 2019-2020 FLAS Fellowship Information Sheet for Graduate and Professional Students

I certify that I have reviewed the relevant information sheet in detail.

O Yes

I am aware that no consideration will be given to an application that is incomplete or improperly filled out.

O Yes

Demographic Information

| Applicant information: | |
|------------------------|--|
| First Name | |
| Middle/Maiden Name | |
| Last Name | |
| Email | |
| Telephone | |
| Ohio State Student ID: | |

| Present address: | |
|------------------|--|
| Street address | |
| Apt. # | |
| City | |
| State | |
| Zip | |

Permanent address (if different from above):

Street address

Apt. #

City

State

Zip

Citizenship (applicants must be a U.S. citizen or permanent resident to be eligible):

O U.S. Citizen

Permanent resident

| Ethnicity (choose one or more) |
|---------------------------------------|
| American Indian or Native American |
| Asian or Pacific Islander |
| Black/African American (Non-Hispanic) |
| ☐ Hispanic/Latino |
| ☐ White (Non-Hispanic) |
| No Response |

Academic Objectives

I am applying for the following FLAS competition:

- O Undergraduate FLAS for Students in Any Field
- O Graduate and Professional FLAS for Students in Any Field

| Academic objectives |
|---------------------|
|---------------------|

Major(s)

Minor(s)

Advisor

Academic objectives:

Home Department at OSU

OSU Faculty Advisor

| Current | degree | ob | iective |
|---------|--------|----|---------|
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Expected completion date of current degree objective:

| Final degree objective: |
|---|
| O Bachelor's |
| O Master's |
| O Doctorate |
| Other |
| |
| Expected completion date of final degree objective: |
| |

Fellowship History and Applications

I am applying for a FLAS Fellowship for: (select all that apply)

| Summer 2019 |
|-------------------------|
| Academic Year 2019-2020 |

Are you or will you be submitting any other applications for Summer 2019 FLAS Fellowships to other Title VI Centers/Programs at The Ohio State University?

| \bigcirc | Yes (please list) | | | |
|------------|-------------------|--|--|---|
| | | | | |
| \bigcirc | No | | | _ |

Are you or will you be submitting any other applications for Academic Year 2019-2020 FLAS Fellowships to other Title VI Centers/Programs at The Ohio State University?

| | Yes (please list) | | |
|------------|-------------------|--|--|
| | | | |
| \bigcirc | No | | |

Have you applied for any other funding for Summer 2019?

| \bigcirc | Yes (please list all other fellowships, scholarships, or funding sources and thei |
|------------|---|
| | amounts) |
| | |
| \bigcirc | No |

Have you applied for any other funding for Academic Year 2019-2020?

| Qualtrics Survey Software | |
|---|----|
| Yes (please list all other fellowships, scholarships, or funding sources and t amounts) | he |
| | |
| O No | |
| | |
| | |
| Have you ever won a FLAS Fellowship from any university? | ? |
| Yes (please list university, language, and year) | |
| | |
| O No | |
| | |
| | |

Did you submit your final FLAS fellowship report to the U.S. Department of Education on time? (select all that apply)

J Yes

| □ No |
|---|
| □ I am currently a 2018-2019 FLAS Fellow, and plan to submit on time at the end of my current Fellowship. |
| May The Ohio State University publish your name in an announcement if you receive this fellowship? |
| O Yes O No |
| Summer Language Study |
| Proposed language of study for Summer 2019: |
| O Quechua |

O Portuguese

Other Latin American language (please specify)

Proposed level of language study for Summer 2019:

- O lst
- O 2nd
- O 3rd
- O 4th
- O 5th
- O 6th

How many quarters/semesters have you completed in your proposed language of study for Summer 2019?

Quarters

Semesters

Other

Estimate your current level of proficiency in your proposed language of study for Summer 2019?

O Superior

Advanced

Intermediate

Elementary

Have you ever taken a language proficiency examination in your proposed language of study for Summer 2019?

| \bigcirc | Yes (please list type of test, score, and date) |
|------------|---|
| | |
| \bigcirc | No |

For Summer 2019, I hereby certify that I will be registered as a full-time student earning a minimum of 6 semester credit hours and that I will complete an intensive language program equivalent to at least 120 contact/classroom hours for advanced level (Level 3 and up) or 140 contact/classroom hours for the intermediate (Level 2) or beginning (Level 1) level during the award period.

O Yes

For Summer 2019, I propose to enroll in the courses listed below and have contacted the appropriate language programs to determine that these courses will be offered. If exact course titles are not available, please include tentative course information.

| | // |
|--|----|

Academic Year Language Study

Proposed language of study for Academic Year 2019-2020:

O Quechua

Portuguese

Other Latin American language (please specify)

Proposed level of language study for Academic Year 2019-2020:

- O lst
- O 2nd
- O 3rd
- O 4th
- O 5th
- O 6th

How many quarters/semesters have you completed in your proposed language of study for Academic Year 2019-2020?

| Quarters | |
|-----------|--|
| Semesters | |
| Other | |

Estimate your current level of proficiency in your proposed language of study for Academic Year 2019-2020?

- Superior
- Advanced
- O Intermediate
- Elementary

Have you ever taken a language proficiency examination in your proposed language of study for Academic Year 2019-2020?

| \bigcirc | Yes (please list type of test, score, and date) |
|------------|---|
| | |
| \bigcirc | No |

For Academic Year 2019–2020, I hereby certify that I will be registered as a full-time student earning a minimum of 12 semester credit hours which will include at least one three-credit language and one three-credit area studies course during each semester of the award.

) Yes

| Do you anticipate having post-candidacy status at an during the 2019-2020 Academic Year? | ıy point |
|---|----------|
| O Yes O No | |
| O Maybe | |
| | |
| For Autumn 2019 Semester, I propose to enroll in the collisted below and have contacted the appropriate lang programs to determine that these courses will be offer | uage |

Language Course

Area Studies Course

| Other Course | | | |
|---|--|--|--|
| Other Course | | | |
| | | | |
| For Spring 2020 Semester, I propose to enroll in the courses listed below and have contacted the appropriate language programs to determine that these courses will be offered: | | | |
| Language Course | | | |
| Area Studies Course | | | |
| Other Course | | | |

Other Course

| Other Course | |
|--------------|--|
| | |
| Other Course | |

Experiences and Career Plans

Have you studied other Latin American languages?

- O Yes
- O No

| | 1 11 | | | languages | | | |
|-----------|------------|---------------|---------|-----------|-----------------------------------|------------------|----------|
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| | | | | | | | |

Spanish

O Portuguese

O Quechua

Other

Describe your experiences living and/or studying in Latin America.

| Describe your long-term caree | er goals. |
|---|---------------------------------|
| | |
| Educational Background | |
| Please enter the information fo and/or university you have atte spent at The Ohio State Univers | ended (including length of time |
| Name of Institution | |
| Location | |

Dates of Attendance

Degree Earned

Date Awarded or Expected

Field or specialization

Have you attended another college or university?

O Yes

O No

Please enter the information for any other college or university you have attended.

| Name of institution | |
|--------------------------|--|
| Location | |
| Dates of attendance | |
| Degree earned | |
| Date awarded or expected | |
| Field or specialization | |

| Have you attended another col | lege or university? |
|---|-----------------------------------|
| Yes No | |
| Please enter the information for you have attended. | r any other college or university |
| Name of institution | |
| Location | |
| Dates of attendance | |
| Degree earned | |

Date awarded or expected

Field or specialization

Have you attended another college or university?

O Yes

O No

Please enter the information for any other college or university you have attended.

Name of institution

| Location | |
|--------------------------|--|
| Dates of attendance | |
| Degree earned | |
| Date awarded or expected | |
| Field or specialization | |

Attach a copy of your up-to-date OSU advising report.

Applicants needing assistance with accessibility to upload required documents can contact the FLAS Program

Coordinator, Megan Hasting, by email at hasting.6@osu.edu or call (614) 688-4285.

Attach official transcripts from any other previous undergraduate or graduate coursework. Applicants needing assistance with accessibility to upload required documents can contact the FLAS Program Coordinator, Megan Hasting, by email at hasting.6@osu.edu or call (614) 688-4285.

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Standardized Test Scores

Please indicate which standardized tests you took when applying for admission for your undergraduate program.

| SAT |
|---|
| ACT |
| Other (please specify and include scores) |
| |
| None |

Please enter your SAT score breakdown:

SAT Reading Score

SAT Reading Percentile

SAT Mathematics Score

| SAT Mathematics Percentile | |
|----------------------------|--|
| SAT Writing Score | |
| SAT Writing Percentile | |
| SAT Scaled Score | |
| SAT Scaled Percentile | |
| Date of SAT Test | |

Please enter your ACT test score breakdown:

| ACT English Score | |
|----------------------------|--|
| ACT English Percentile | |
| ACT Mathematics Score | |
| ACT Mathematics Percentile | |
| ACT Reading Score | |
| ACT Reading Percentile | |
| ACT Science Score | |
| ACT Science Percentile | |
| ACT Composite Score | |

| | ACT Composite Percentile | | | |
|---|---|-----------|-----------|----------|
| | Date of ACT Test | | | |
| | | | | |
| | Please indicate which standard | dizad tag | ste vou t | ook whon |
| | applying for admission for you program. | | • | |
| | GRE | | | |
| | LSAT | | | |
| _ |] GMAT | | | |
| | Other (please specify test and scores) | | | |
| | | | | |
| | None | | | |

| Please enter v | vour GRE | test score | breakd | own: |
|----------------|----------|------------|--------|------|
| | , | | | |

| GRE Verbal Score | |
|-----------------------------|--|
| GRE Verbal Percentile | |
| GRE Quantitative Score | |
| GRE Quantitative Percentile | |
| GRE Analytical Score | |
| GRE Analytical Percentile | |
| Date of GRE Test | |

| Please enter your LSAT score breakc | 10 VVI I. |
|-------------------------------------|-----------|
| | |

LSAT Score

LSAT Percentile

LSAT Date of Test

Please enter your GMAT score breakdown:

GMAT Verbal Score

GMAT Verbal Percentile

| CMAT Quantitative Seere | |
|------------------------------|--|
| GMAT Quantitative Score | |
| GMAT Quantitative Percentile | |
| | |
| GMAT Essay Score | |
| | |
| GMAT Essay Percentile | |
| | |
| GMAT Total Score | |
| | |
| GMAT Total Percentile | |
| | |
| Date of GMAT Test | |

Resume/CV

Please attach your resume or CV (no more than 2 pages; in PDF format). Applicants needing assistance with accessibility to upload required documents can contact the FLAS Program Coordinator, Megan Hasting, by email at hasting.6@osu.edu or call (614) 688-4285.

Statement of Intent

For your Summer 2019 application, please attach a one-page single-spaced statement of intent (in PDF format) describing your program of study with special emphasis on the

language study you propose in this application, its relevance to your study and career plans, and your anticipated level of proficiency at the beginning of the award period. Applicants needing assistance with accessibility to upload required documents can contact the FLAS Program Coordinator, Megan Hasting, by email at hasting.6@osu.edu or call (614) 688-4285.

For your Academic Year 2019–2020 application, please attach a one-page single-spaced statement of intent (in PDF format) describing your program of study with special emphasis on the languages and area study you propose in this application, their relevance to your study and career plans, and your anticipated level of proficiency at the beginning of the award period. Applicants needing

assistance with accessibility to upload required documents can contact the FLAS Program Coordinator, Megan Hasting, by email at hasting.6@osu.edu or call (614) 688-4285.

For your Summer 2019 application, please attach a one-page single-spaced statement of intent (in PDF format) describing your program of study with special emphasis on the language study you propose in this application, its relevance to your graduate study and career plans, and your anticipated level of proficiency at the beginning of the award period.

For your Academic Year 2019–2020 application, please attach a one-page single-spaced statement of intent (in PDF format) describing your program of study with special emphasis on the languages and area study you propose in this application, their relevance to your graduate study and career plans, and your anticipated level of proficiency at the beginning of the award period.

Summer Budget Estimate

For Summer 2019, please select the location where you plan to study:

- O The Ohio State University
- Other domestic institution

Overseas institution or program

In addition to a \$2,500 stipend, summer FLAS fellowships cover tuition and academic-related fees, up to \$5,000 at the non-OSU institution. FLAS recipients are responsible for paying tuition exceeding this amount as well as room, board, and travel expenses from their FLAS stipends or their own funds. To ensure that fellows are aware of all costs related to their summer program and can begin to plan accordingly, please provide the following information for each of the summer programs you are considering.

For your Summer 2019 top choice program, please provide the following information:

Name of institution or program

| Cost of tuition and fees | |
|--------------------------------------|--|
| Room and board costs | |
| Estimated travel expenses | |
| Other program costs (if any) | |
| Contact person at institution | |
| Phone number | |
| Email | |
| Website with program information and | |

Please upload any information relevant to the budget of this program (email documentation, program brochures with costs, etc.). Applicants needing assistance with accessibility to upload required documents can contact the FLAS Program Coordinator, Megan Hasting, by email at hasting.6@osu.edu or call (614) 688-4285.

Do you plan to apply for a back-up program in case you are not admitted to your top choice program?

- O Yes
- O No

For your Summer 2019 second choice program, please provide the following information:

| Name of institution or program | |
|--------------------------------|--|
| Cost of tuition and fees | |
| Room and board costs | |
| Estimated travel expenses | |
| Other program costs (if any) | |
| Contact person at institution | |
| Phone number | |

| Lman | |
|-------------|--|
| Emai | |
| | |

Website with program information and costs

Please upload any information relevant to the budget of this program (email documentation, program brochures with costs, etc.). Applicants needing assistance with accessibility to upload required documents can contact the FLAS Program Coordinator, Megan Hasting, by email at hasting.6@osu.edu or call (614) 688-4285.

Academic Year Budget Estimate

For Academic Year 2019–2020, do you intend to remain at The Ohio State University for the entire academic year for your studies?

- O Yes
- O No

For Autumn semester 2019, please select the location where you plan to study:

- O The Ohio State University
- Other domestic institution
- Overseas institution or program

For Spring semester 2020, please select the location where you plan to study:

- The Ohio State University
- Other domestic institution
- Overseas institution or program

In addition to a \$5,000 stipend, Academic Year undergraduate fellows receive support for up to \$10,000 in tuition and academic-related fees. FLAS recipients are responsible for paying tuition exceeding this amount as well as room, board, and travel expenses from their FLAS stipends or their own funds. To ensure that fellows are aware of all costs related to their academic year studies at another institution and can begin to plan accordingly, please provide the following information for each of the programs you are considering.

For your Academic Year 2019-2020 top choice program, please provide the following information:

| Name of institution or program | |
|--------------------------------|--|
| Cost of tuition and fees | |
| Room and board costs | |
| Estimated travel expenses | |
| Other program costs (if any) | |
| Contact person at institution | |
| Phone number | |

Email

Website with program information and costs

In addition to a \$15,000 stipend, Academic Year graduate/professional fellows receive support for up to \$18,000 in tuition and academic-related fees. FLAS recipients are responsible for paying tuition exceeding this amount as well as room, board, and travel expenses from their FLAS stipends or their own funds. To ensure that fellows are aware of all costs related to their academic year studies at another institution and can begin to plan accordingly, please provide the following information for each of the programs you are considering.

For your Academic Year 2019–2020 top choice program, please provide the following information:

| Name of institution or program | |
|--------------------------------|--|
| Cost of tuition and fees | |
| Room and board costs | |
| Estimated travel expenses | |
| Other program costs (if any) | |
| Contact person at institution | |
| Phone number | |

Email

Website with program information and costs

Please upload any information relevant to the budget of this program (email documentation, program brochures with costs, etc.). Applicants needing assistance with accessibility to upload required documents can contact the FLAS Program Coordinator, Megan Hasting, by email at hasting.6@osu.edu or call (614) 688-4285.

Do you plan to apply for other programs in case you are not admitted to your top choice program?

O No

O Yes, 1 other program

Yes, 2 other programs

For your Academic Year 2019-2020 second choice program, please provide the following information:

Name of institution or program

Cost of tuition and fees

Room and board costs

Estimated travel expenses

| Other program costs (if any) | |
|--|--|
| Contact person at institution | |
| Phone number | |
| Email | |
| Website with program information and costs | |

Please upload any information relevant to the budget of this program (email documentation, program brochures with costs, etc.). Applicants needing assistance with accessibility

to upload required documents can contact the FLAS Program Coordinator, Megan Hasting, by email at hasting.6@osu.edu or call (614) 688-4285.

For your Academic Year 2019–2020 third choice program, please provide the following information:

| Name of institution or program | |
|--------------------------------|--|
| | |
| Cost of tuition and fees | |
| | |
| Room and board costs | |

Estimated travel expenses

| Other program costs (if any) | |
|--|--|
| Contact person at institution | |
| Phone number | |
| Email | |
| Website with program information and costs | |

Please upload any information relevant to the budget of this program (email documentation, program brochures with costs, etc.). Applicants needing assistance with accessibility to upload required documents can contact the FLAS Program

Coordinator, Megan Hasting, by email at hasting.6@osu.edu or call (614) 688-4285.

References

A complete application will include three letters of recommendation. Provide information on Referee 1. Read the guidance in the relevant FLAS Information Sheet for further information on selecting referees. If applying for different languages in the Summer and Academic Year competitions, or to the competitions in the other area studies centers, the applicant should ask the referee to address the suitability of the proposed language study programs.

| Name | |
|-------|--|
| | |
| Title | |

| Institution | |
|---|---|
| Email Address | |
| | |
| A complete application will include three letters of reco | ommendation. Provide information on Referee 2. Read |
| the guidance in the relevant FLAS Information Sheet to | or further information on selecting referees. If applying |
| for different languages in the Summer and Academic | Year competitions, or to the competitions in the other |
| area studies centers, the applicant should ask the refe | eree to address the suitability of the proposed language |
| study programs. | |
| Name | |
| Title | |
| Institution | |

| Email Address | | |
|---|--------------------------------|-----------------------------|
| | | |
| | | |
| A complete application will include three letters of reco | mmendation. Provide inform | ation on Referee 3. Read |
| the guidance in the relevant FLAS Information Sheet for | or further information on sele | cting referees. If applying |
| for different languages in the Summer and Academic Y | ear competitions, or to the c | ompetitions in the other |
| area studies centers, the applicant should ask the refer | ree to address the suitability | of the proposed language |
| study programs. | | |
| | | |
| Name | | |
| | | |
| Title | | |
| nue | | |
| | | |
| Institution | | |
| | | |
| Email Address | | |

Are you applying for a FLAS in a different language for the summer or academic year?

- O Yes
- O No

If you are applying for a FLAS in a different language for the summer or academic year, you need to submit a fourth letter of recommendation for your second language of study. Provide information on Referee 4. Read the guidance in the relevant FLAS Information Sheet for further information on selecting referees. If applying for different languages in the

Summer and Academic Year competitions, or to the competitions in the other area studies centers, the applicant should ask the referee to address the suitability of the proposed language study programs.

| Name | |
|---------------|--|
| Title | |
| Institution | |
| Email Address | |

Please download the FLAS Recommendation Form below, complete the Student Section, then supply the form to your

referees. The form is in fillable PDF format. It is each applicant's responsibility to ensure that referees submit their recommendation by the deadline of February 1, 2019.

2019-2020 CLAS FLAS Recommendation Form

FAFSA

All applicants must separately submit the Free Application for Federal Student Financial Aid (FAFSA) to the Office of Student Financial Aid by OSU's priority deadline of February 1, 2019. The FAFSA can be accessed at http://sfa.osu.edu.

I understand that FAFSA submission is a requirement of the FLAS Fellowship application process, and that applicants who fail to submit a FAFSA will not be considered in the FLAS competition.

O Yes

Certification of Truth Statement

I affirm that the information I have provided on this application form, and any additional material that I submit related to the Title VI FLAS Fellowship Competition at The Ohio State University is complete, accurate, and true to the best of my knowledge. I authorize each college or school I have attended to release academic and personal information related to this admission application upon request of The Ohio State University. I agree to submit other materials which are required for this fellowship application. I understand that furnishing false or incomplete information on any part of this application or related materials may result in disciplinary action under the Administrative Code of The Ohio State University. I also understand that if I receive a FLAS Fellowship,

it is my obligation to inform the Center for Latin American Studies of any other fellowship or grant that I receive during the period of award.

| Please type | your name ir | n the field | below to c | ertify this | |
|-------------|--------------|-------------|------------|-------------|--|
| statement: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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