

**OFFICE USE ONLY:**    **DATE REC:** \_\_\_\_\_    **DATE ACCEPT:** \_\_\_\_\_    **GPA:** \_\_\_\_\_

**Research Center for Cultural Diversity and Community Renewal (CDCR)**

**University of Wisconsin – La Crosse**

**Program Application**

**Dr. Ahmed Ali, Director**

**CDCR 270 Murphy Library**

**1725 State St**

**La Crosse, WI 54601**

**Phone: 608/785-5080      Fax: 608/785-5082**

**Email: [cdc@uwlax.edu](mailto:cdc@uwlax.edu)**

**Applicant Information**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    Male/Female  
Name (Last)                      (First)                      (Middle)                      Date of Birth                      Today's Date

University you wish to attend/attending \_\_\_\_\_

\_\_\_\_\_  
Social Security #                      E-Mail (Checked Regularly)

\_\_\_\_\_  
Permanent Address                      City                      State                      Zip                      ( )  
Phone #

\_\_\_\_\_  
Local Address                      City                      State                      Zip                      ( )  
Phone #

Citizenship    \_\_\_\_\_ US Citizen    \_\_\_\_\_ Non Resident Alien    \_\_\_\_\_ Permanent Resident

**Educational related experience (working with PK-12 students, tutoring, mentoring, etc.)**

Name of Organization                      Job Description                      Supervisor                      Contact Information

**Academic Status**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of High School Diploma/GED    \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Date of Baccalaureate Degree

Please list all schools/colleges attended: \_\_\_\_\_

Enrollment Status:    \_\_\_\_\_ Full-time    \_\_\_\_\_ Part-time    \_\_\_\_\_ Applying

## Student Status

What year are you currently in school? \_\_\_\_\_ Credits Completed: \_\_\_\_\_

Have you applied to the school of education? \_\_\_ No \_\_\_ Yes, if yes, date \_\_\_\_\_

If you have applied to the school of education, were you accepted? \_\_\_ Yes \_\_\_ No

If you have not yet applied, do you plan to apply? \_\_\_ Yes \_\_\_ No

If yes, when? \_\_\_\_\_ If no, please explain: \_\_\_\_\_

## Financial Information

Have you applied for financial aid at the institution you are planning to attend? \_\_\_ No \_\_\_ Yes

**(You must complete and submit an application for financial aid prior to submitting this application)**

*If there are any circumstances you feel would have an impact on your application for financial aid that this form has not allowed for, please explain:*

## Educational and Career Goals

ON A SEPARATE SHEET(S) OF PAPER, PLEASE TYPE-ANSWER THE FOLLOWING QUESTIONS:

1. What interests you about becoming an educator? (minimum 300 words)
2. How do you think you will impact your community as an educator in the future? (minimum 300 words)

## Additional Information

Please submit a copy of an official transcript along with this application.

We require 2 separate letters of recommendation (at least one academic) to complete this application (See attached).

*I UNDERSTAND THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS CORRECT AND ACCURATE.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant's Signature Date

**Please mail application along with all other required materials to the CDCR office.**





## **APPLICANT CHECKLIST**

\_\_\_\_\_ Completed Application Form

\_\_\_\_\_ Goals Statements

\_\_\_\_\_ Copy of Official Transcript

\_\_\_\_\_ 2 Letters of Recommendation