

APPLICATION FORM

JAMES M. BANOVETZ ANNUAL FELLOWSHIP PROGRAM
FOR THE FUTURE LOCAL GOVERNMENT MANAGEMENT PROFESSIONAL

Applicant's Name: _____

Mailing Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone: () _____ Work Phone: () _____

Fax: () _____

E-mail: _____

University Attending for Masters Degree: _____

Location of University: _____
(City and state)

GPA: _____ on a _____ scale (Please include copies of graduate **AND** undergraduate transcripts)

Program Director's or Dean's Name: _____
(Please include a **sealed** letter of recommendation from the Director or Dean)

Mailing Address: _____

City: _____

State: _____ Zip Code: _____

Work Phone: () _____ Fax: () _____

E-mail: _____

University Attended for Bachelor's Degree: _____

Location of University: _____
(City and state)

Major Area of Study: _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Below or on a separate sheet (limit to 1 page), please describe any local government work experience or other relevant work experience:

Below or on a separate sheet (limit to 2 pages), please describe your career goals in the field of local government management:

Please return this form via e-mail as a Word or PDF file to:

Dawn S. Peters
Executive Director, ILCMA
dpeters@niu.edu

ALL SUPPORTING DOCUMENTS SHOULD BE MAILED TO

Dawn S. Peters
Executive Director, ILCMA
NIU Center for Governmental Studies
DeKalb, IL 60115

Questions? Call Dawn Peters at 815-753-0923

The ILCMA supports equal opportunity and does not discriminate on the basis of race, color, religion, sex, age, marital status, national origin, disability, or any other factor unrelated to academic or professional qualifications.

APPLICATION DEADLINE: May 1
ILCMA CANNOT CONSIDER LATE OR INCOMPLETE APPLICATIONS

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