

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**

