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)	y:	
GPA: on	ascale (Please include copies	s of graduate AND undergraduate transcripts)
	or Dean's Name: ed letter of recommendation from the Director	
Mailing Address:		
City:		
State:		Zip Code:
Work Phone:	()	Fax: ()
E-mail:		
University Attended f	for Bachelor's Degree:	
Location of University (City and state)	y:	
Major Area of Study:	·	

Below or on a separate relevant work experien	e sheet (limit to 1 page), please describe any local government work experience or other ace:
Below or on a separate management:	e sheet (limit to 2 pages), please describe your career goals in the field of local governmen

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 based on race, color, religion, sex, age, marital status, national origin, disability, or any other factor unrelated to academic or professional qualifications.

APPLICATION DEADLINE: May 1st, 2022
ILCMA CANNOT CONSIDER LATE OR INCOMPLETE APPLICATIONS

PLEASE COMPLETE BOTH SIDES OF THIS FORM