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Application

Educational Playcare Fellowship

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| **Date of this application** |  |
|  | **Name** | **email** | **phone** |
| **Applicant** |  |  |  |
| **Graduate Advisor\*** |  |  |  |
| **Department** |  |
| **IBACS member?** |  **Yes**  **No If yes, date of affiliation:**  |

\*we shall contact your advisor for confirmation of your status on a program of study leading to the award of a doctoral degreeBottom of Form

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**Child’s birthdate or approximate due date:**

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**Approximate date intending to begin daycare:**

**Is partner/spouse employed? Yes No**

This fellowship is need-based. **Please attach one page or less to explain your need for this fellowship** (i.e. financial situation, location of family members, partner’s/spouse’s occupation, etc. The information you supply is confidential and seen only by the awarding committee).

By signing this form you confirm that you will return to your program of study/research on commencement of the Fellowship.



**Signature and date:**

**Please submit this form and explanation of need to the Institute Coordinator, Crystal Mills** (email: crystal.mills@uconn.edu).

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