

## Application for A.I.D.S. Fellows

2008 – 2009 academic year

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Name: \_\_\_\_\_

Box Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please circle your class year: Sophomore, Junior, Senior, CCE      Major: \_\_\_\_\_

Attendance at the Leadership Pre-mester (two weeks before classes begin) is **REQUIRED**.

If you are unable to attend please select or state your reason:      RA training      Chaos Training  
QLSP      Athletics      Other: \_\_\_\_\_

***\*BONNER Scholars are not eligible for this fellowship***

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**PLEASE USE ADDITIONAL PAPER IF NEEDED (AS AN ATTACHMENT).**

Describe any volunteer experiences or involvement in community issues applicable to your interest in this opportunity.

What motivates you to work on the issue of HIV/AIDS.?

Why do you want to be an AIDS Fellow?

What skills/strengths would you bring to your work as an AIDS Fellow and what skills would you hope to develop through your work?

Give an example of your ability to initiate and complete projects.

What challenges do you anticipate in being an AIDS Fellow?

What other major commitments of time do you anticipate for the coming academic year? How will you incorporate 150 hours each semester of AIDS Fellow work into your schedule?

**References** – List the names of two people who can speak about your involvement in community issues and your ability to follow-through on commitments.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

How long has this person known you? \_\_\_\_\_ How long has this person known you? \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Return completed application to James Shields, Director of Community Learning by **March 17th by 5 p.m.**  
**in Founders Hall, Project Community.**