PROGRAM APPLICATION
Community-based Research Education in Eastern Kentucky (CREEK)

*of what	year?
Name:	
Social Security N	Number:
Mailing Address:	:
E-mail:	
) Alternate Phone: ()
I. ACADEMIC	HISTORY:
Graduate	University or College: Degree Program: ed Graduation Date:
Undergraduate In	nstitution:
Undergraduate D	egree:
Undergraduate G	raduation Date (or anticipated date):
Undergraduate G	PA:
A CADEMIC DI	ECOGNITION: Please list any awards received, leadership positions held anizations in which you participated during your academic career.
	unizations in which you participated during your academic cureer.

	E: Please provide the names of two people from whom you intend to solicit a
second should be	reference should be an instructor/professor from your institution and the someone from your employment or volunteer experience. Include their contact phone number in the event we need to contact them regarding your
completed, the fo	the <u>Recommendation Form</u> to each of your references. Once they are rms can be returned to you in a sealed envelope and submitted along with or they may be mailed directly to CREEK.
1. Name:	
Title:	
Phone:	
Email:	
2. Name:	
Title:	
Phone:	
E-mail	
	EATEMENT: Please attach a brief description (No more than 1 page) of atterests and your career aspirations.
Signature	Date: