

**APPLICATION FOR A 2014 AACCI FOUNDATION**

**GRADUATE FELLOWSHIP**

This completed application, with all attachments, is to be submitted to the head of the department where the applicant will pursue graduate study. It is due at the AACC International office in St. Paul on or before **March 1, 2014.**  **Note you must be a current AACCI Student member to apply.**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**AACCI Student Membership ID#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summer (Home) Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EDUCATION: Please select the program you are currently in: □Masters OR □Ph.D.**

**Previous university attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Started: \_\_\_\_\_\_\_\_\_\_ Date completed or anticipated: \_\_\_\_\_\_\_\_\_ Degree received or expected: \_\_\_\_**

**Grade Point Average (Letter grade A=4.0): \_\_\_\_\_\_\_**

**Current university attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Started: \_\_\_\_\_\_\_\_\_\_ Date completed or anticipated: \_\_\_\_\_\_\_\_\_\_Degree received or expected: \_\_\_\_\_\_\_**

**Grade Point Average (Letter grade A=4.0): \_\_\_\_\_\_**

**Institution and department where graduate study is proposed or is in progress:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ENCLOSE THE FOLLOWING ITEMS WITH THIS APPLICATION FORM:**

1. **Copies of transcripts:** Include **ALL** undergraduate and graduate college or university work you have completed to date. (A list of your planned graduate courses is also required.)
2. **A letter of application:** Which describes your career plans and the relationship to them of pertinent courses you’ve taken or plan to take, in the graduate plan of study. Special emphasis should be given to courses related to grain science and technology (including cereals, oilseeds, pulses, and pseudocereals). Describe your interest in participating in the activities of AACCI, for example, to attend and/or make a presentation at the next AACCI Annual Meeting.
3. **Three (3) letters of recommendation:** At least two of which are from deans, department heads, and/or professors who have supervised your most recent academic work. These letters should be placed in a sealed envelope by the person writing them and submitted with this application. The letters should present essential facts regarding:

- Scholastic record - Ability to cooperate - Career potential

- Capacity for work - Character and personality

- Extracurricular activities - Interest and capability in research

I hereby certify that all information provided in this application is true and correct. I further agree that if I withdraw from school or alter my research program during the tenure of this fellowship (if granted), the unused balance shall be forfeitable to the AACC International Foundation and I shall so notify within (30) days.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please request that the head of the department in which you are studying, or plan to study in the case of transfer students, execute the following statement:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is acceptable to this department for the proposed graduate studies,   
**(Name of Applicant)**

and I accept for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the necessary responsibility connected with   
 **(Name of University)**administering this fellowship, if granted.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**(Signature of Department Head)** **(Date)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**(Department Head Name)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**(Address)**  **(Phone Number)**

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

**(E-mail)**

**ALL UNSOLICITED ENCLOSURES WILL BE DISCARDED. INCOMPLETE APPLICATIONS AND LATE SUBMITTALS WILL BE CAUSE FOR DISQUALIFICATION. DO NOT RETYPE OR ALTER THIS FORM. USE ONLY THE SPACE PROVIDED ON THE FORM AND DO NOT SUBMIT CONTINUATION PAGES, OR USE THE REVERSE SIDE OF ANY PAGE. ADDITIONAL COPIES OF THE BLANK APPLICATION FORM FOR OTHER APPLICANTS MAY BE MADE FROM THIS ONE IF NEEDED.**

**TO APPLICANT AND DEPARTMENT HEAD:** Submit to Scholarship Program, AACCI Foundation,   
3340 Pilot Knob Road, St. Paul, MN 55121-2097 by **MARCH 1, 2014**

List of awards, honors, or previous scholarships received in high school and/or college:

Summary of work experience including research and teaching activities:

List of any presentations at AACC International Annual Meetings:

List of presentations at professional meetings (other than AACC International):

List of publications (peer-reviewed and others):

Extracurricular activities and hobbies:

**PLANNED GRADUATE PROGRAM COURSES**

Use this page to list the graduate courses you are planning to take.

|  |  |  |  |
| --- | --- | --- | --- |
| Department: | Course title or description: | Course Number: | Credit Hours: |
|  |  |  |  |

Use this page to outline your proposed field of research and methods of approach; or, if your research is already in progress, give a progress report on it. Must be **APPROVED AND SIGNED BELOW BY THE DEPARTMENT HEAD** if student is currently in graduate school. If student is a graduating senior, an indication of the research area you would like to undertake is desirable but not required. If provided, the department head need not sign it.

Department Head \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (Department Head Written Signature) (Date)

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

(Department Head Name, Print or Type)