



EDUCATION POLICY FELLOWSHIP PROGRAM

Name of Applicant _____

Professional Title _____

Division/Department _____

Organization/Institution _____

Address _____

City _____ State ____ Zip Code _____

Office Phone _____ Office Fax _____

Home Address _____

City _____ State ____ Zip Code _____

Email Address _____ Cell Phone _____

EDUCATION (Please list most recent experience first)

University	Degree	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK EXPERIENCE (Please list current position and attach a résumé/CV)

Title _____ Dates Employed _____

Supervisor's Name _____ Supervisor's Title _____

Mailing Address _____

City _____ State ____ Zip Code _____

Phone _____ Email _____

Employer may be contacted.



John C. Stennis Institute of Government
Office of Research & Economic Development
Research & Curriculum Unit

COMMITMENT & ENDORSEMENT

The Mississippi Education Policy Fellowship Program (EPFP) requires a significant commitment of time and energy. Participation involves six meetings in Jackson, MS; the Washington Policy Seminar in Washington, DC; and a graduation event. Additionally, there are a number of activities pertaining to program content that Fellows will be encouraged to attend. The program tuition, as well as travel costs for the meetings in Jackson and trip to DC, are paid by the individual or by the Fellow's employer/sponsor.

With the understanding that maximum benefits are achieved through full participation by the EPFP Fellow in all meetings and the national conference, the Fellow and the Fellow's sponsor hereby agree that the Fellow will participate fully in the program. Failure to attend mandatory sessions, the Washington Policy Seminar, and/or more than two absences from other program activities may result in dismissal from the program.

2017-2018 PROGRAM DATES

October 11
November 15
December 6
January 10
February 7
March 18-21 (Washington Policy Seminar)
April 25
May 16 (Graduation)

TO BE COMPLETED BY THE APPLICANT

Your signature affirms

- 1) You have reviewed the program and arranged necessary leave with your employer
- 2) If selected, you can and will commit to full participation in the EPFP

Printed Name _____

Signature _____ Date _____

TO BE COMPLETED BY SUPERVISOR

Your signature affirms you will allow your employee release of time for full participation in the EPFP.

Printed Name _____

Signature _____ Date _____

TO BE COMPLETED BY SUPERVISOR/SPONSOR

Your signature affirms you will pay program-related costs, including nonrefundable program tuition of \$2,500, and travel expenses.

Printed Name _____

Signature _____ Date _____

PLEASE RETURN THIS COMPLETED APPLICATION TO

epfp@sig.msstate.edu

ENROLLMENT IS LIMITED. PLEASE APPLY EARLY!