



# AFRICAN AMERICAN TEACHING FELLOWS

*of Charlottesville-Albemarle*

**\*\*Deadline Extended for Spring 2010 Semester\*\***

**AATF APPLICATION FORM**  
**AFRICAN AMERICAN TEACHING FELLOWS**  
**OF CHARLOTTESVILLE-ALBEMARLE**  
P. O. Box 5064, Charlottesville, VA 22905  
(434) 220-4264 (phone) [info@aateachingfellows.org](mailto:info@aateachingfellows.org)  
[www.aateachingfellows.org](http://www.aateachingfellows.org)

AATF provides financial and academic assistance to African Americans who meet the Recipient Requirements (see: [www.aateachingfellows.org/fellowships.htm](http://www.aateachingfellows.org/fellowships.htm)).

The prospective candidate, when accepted, must sign a Forgivable Promissory Loan Agreement (see: [www.aateachingfellows.org/faqs.htm](http://www.aateachingfellows.org/faqs.htm)) that specifies that he/she will work in the Charlottesville or Albemarle County Schools for the time equal to the period of financial support that he/she receives but not less than one year of service.

To apply, please attach:

1. A completed AATF Application form.
2. A recent resume summarizing your education, qualifications, and relevant experiences.
3. A typed personal essay of no more than two pages (use a font that is no smaller than 12-point). On one page, tell why you have chosen to enter the teaching profession, your reason for applying to the AATF program and your commitment to teaching in the Charlottesville or Albemarle County schools. On the second page, identify the teaching field or grade level of your choice and describe the knowledge and skills you have to offer to students in that area. Describe evidence of leadership roles you have exhibited in scholastic and/or community organizations.
4. A copy of your official college transcript showing a current GPA of 2.5 or higher.
5. Evidence of current enrollment in a college with an accredited education program.
6. A Plan of Work that details courses needed to graduate with an education degree or a degree in your major, signed by your advisor.
7. Evidence of need: a copy of the current financial aid awards letter from the college financial aid office.
8. Three (3) sealed letters of recommendation from: (1) two educators who can attest to your academic abilities and talents; (2) a person who can provide evidence of leadership and community service.

Please mail all required materials in an envelope to:

African-American Teaching Fellows of Charlottesville-Albemarle  
P. O. Box 5064  
Charlottesville, VA 22905  
ATTN: Rudolph A. Beverly

You will be contacted when your application has been received. Applications received after the deadline can be considered upon request. A selection committee will review applications, and finalists will be asked for an interview.

We will be happy to answer questions and help you complete the application process. Contact Rudolph Beverly, AATF Executive Director via telephone at (434) 220-4264 or e-mail at [rabeverly@aateachingfellows.org](mailto:rabeverly@aateachingfellows.org) for more information.



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## AATF APPLICATION

<b>Application for Financial Assistance to Attain:</b>	<b>Licensure</b>	<b>In-school Assistance</b>
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Legal Name \_\_\_\_\_  
*Last First Middle (complete) Jr., etc.*

Preferred Name (if not first name) \_\_\_\_\_ Birth Date \_\_\_\_\_  
*mm/dd/yyyy*

E-mail Address \_\_\_\_\_ Current Phone (\_\_\_\_\_) \_\_\_\_\_  
*Area Code Number*

Permanent Home Address \_\_\_\_\_  
*Number & Street Apartment #*

\_\_\_\_\_ *City State ZIP/Postal Code*

Permanent Home Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_\_) \_\_\_\_\_  
*Area Code Number Area Code Number*

*If different from above, please provide your current mailing address:*

Current Mailing Address (from \_\_\_\_\_ to \_\_\_\_\_) \_\_\_\_\_  
*mm/dd/yyyy mm/dd/yyyy Number & Street Apartment #*

\_\_\_\_\_ *City State ZIP/Postal Code*

Name of College/University Attended/Attending \_\_\_\_\_

Major \_\_\_\_\_ # of Hours Completed in Major \_\_\_\_\_

# of Credit Hours Earned \_\_\_\_\_ Planned Graduation Date \_\_\_\_\_  
*mm/yyyy*

If graduated, year completed \_\_\_\_\_ Degree Earned \_\_\_\_\_

Advisor's Name (Mr./Ms./Dr., etc.) \_\_\_\_\_

Advisor's Title \_\_\_\_\_ Email \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_  
*Area Code Number Ext. Area Code Number*

If Working, Name of Employer \_\_\_\_\_ Full-time / Part-time

Supervisor's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_  
*Area Code Number Ext. Area Code Number*