Martin Luther King, Jr., Dolores Huerta, Morris Hood Jr., Rosa Parks(KHHP) Initiative Future Faculty Fellowship (FFF) Eligibility Requirements

Eligibility Criteria Section 1: An applicant must satisfy all eight to be eligible.

Eligibility Criteria	Verification Required (Only one document is required, unless otherwise stated.)
Applicant is a citizen of the United States.	• Screen print from university's student information system (if verifiable) • U.S. Passport • Birth Certificate • Consular Report of Birth Abroad of a Citizen of the U.S. • Certification of Report of Birth • Certificate of Citizenship issued by U.S. Citizenship and Immigration Services
Applicant meets the university's requirements for Michigan residency.	• Screen print from university's student information system • Documentation from Registrar's Office
Applicant has been accepted at this public Michigan university into a graduate degree program that facilitates a career in postsecondary teaching.	• Letter from university • Screen print from university's student information system
Applicant is in good academic standing, as defined by the university.	• Copy of current transcript • Email (or other document) from Registrar's Office, graduate program office, or advisor • Screen print from university's student information system
Applicant is not currently in default on any guaranteed student loan.	• Email (or other document) from financial aid office
*Applicant has not previously received another FFF Award for the same degree level (master's or doctorate). *(Note: Applicants that did not receive the maximum allowable award may reapply for additional funds while still in pursuit of that degree.)*	• Self-attestation
*Applicant is not currently a recipient of an FFF Award at another university for a degree that has not been completed.	• Self-attestation
*Applicant has not previously had an FFF Award converted to a KHHP Loan.	• Self-attestation

* Will be verified by the KHHP Initiative Office.

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Eligibility Section 2: Academically or Economically Disadvantaged – An applicant must satisfy at least one to be eligible.

Eligibility Criteria	**Verification Required** (Only one document is required, unless otherwise stated.) Signed/dated letter or other documentation from:
Adult dependent primary caregiver. Definition: The person who takes primary responsibility for an adult who cannot fully care for him/herself.	• A physician • A lawyer or court official • Applicant (self-attestation)
Disability that causes an educational barrier but does not prevent working. Definition: Has a physical, mental or learning disability, as defined by the Americans with Disabilities Act, that causes an educational barrier but will not prevent completion of the FFF service obligation.	• Student support services office • Medical or health professional • Veterans Administration • Vocational or drug/alcohol rehabilitation facility • Social Security Administration • Applicant (self-attestation)
English language learner. Definition: Has limited ability in reading, writing, speaking, or comprehending the English language and: a) Whose native language is a language other than English. b) Who lives in a family or community environment where a language other than English is the dominant language.	• Recognized proficiency exam • A university representative
First generation college graduate. Definition: No parent/guardian completed a bachelor's degree.	• Applicant (self-attestation)
Former foster child. Definition: An individual who was a ward, placed into a group home (residential child care community, treatment center, etc.) or private home of a state-certified caregiver.	• A court official • Applicant (self-attestation)
Unhoused. Definition: An individual that lacks fixed, regular, and adequate housing. May live in a shelter, park, motel, car, or is temporarily living with others.	• A shelter • An individual providing temporary residence • A social service agency • Applicant (self-attestation)
Qualified for federal student aid. Definition: Qualified within the five years prior to application for needs-based federal student financial aid, such as: o Pell Grant o Subsidized federal student loans o Work-study	• United States Department of Education • University's financial aid office
Recipient of public assistance. Definition: Currently receives, or has received within the six months prior to application, public assistance, such as: o Temporary Assistance for Needy Families o Supplemental Security Income o Supplemental Nutrition Assistance Program o Women, Infants & Children	• An appropriate organization or government agency
Returning citizen. Definition: Served a period of incarceration.	• Criminal justice system (parole ID, discharge paperwork, etc.) • Offender Tracking Information System
Single parent. Definition: Is unmarried or separated from a spouse and has a minor child(ren) for which the parent has either physical custody or joint custody. Or, is unmarried or separated from a spouse and is pregnant.	*Documentation is required for ***both*** marital status and dependent(s) verification. • Copy of birth certificate(s) of dependent(s) • Medical professional (confirming pregnancy) • Applicant (self-attestation allowed for marital status only)

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Applicant Name: _____ Last Four of SSN: _____ University: _____

Applicants requesting consideration must be able to provide documentation or allow verification to the satisfaction of the university's FFF Representative and the KHHP Initiative Office that they meet the eligibility criteria.

Eligibility Criteria Section 1: Must initial <u>all</u> to be eligible.

I am a citizen of the United States. _____

I meet the university's requirements for Michigan residency. _____

I have been accepted at this public Michigan university into a graduate degree program that facilitates a career in postsecondary teaching. _____

I am in good academic standing, as defined by the university. _____

I am not currently in default on any guaranteed student loan. _____

I have <u>not</u> previously received another FFF Award for the same degree level (master's or doctorate). _____

I am <u>not</u> currently a recipient of an FFF Award at another university for a degree that has not been completed. _____

I have <u>not</u> previously had an FFF Award converted to a KHHP Loan._____

Eligibility Section 2 - Academically or Economically Disadvantaged: Must check at least <u>one</u> to be eligible.

☐ I am an adult dependent primary caregiver.

☐ I have been conditionally accepted into my graduate program.*

☐ I have a disability that causes an educational barrier but does not prevent me from working.

☐ I have limited English proficiency (English Language Learner).*

☐ I am a first-generation college graduate.

☐ I am a former foster child.

☐ I am currently homeless.

☐ I qualified for federal student aid.*

☐ I am currently a recipient of public assistance.*

☐ I am a returning citizen.*

☐ I am a single parent.*

I meet one or more of the above criteria, *as defined on Page 2*, as academically or economically disadvantaged. _____ (applicant's initials)

* Applicant is required to submit documentation, as listed on Page 2, in addition to this form.

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Note: The information and documentation provided for Section 2 will not be shared with the university's Fellowship Selection Committee.

I hereby certify that the information given on page three is true to the best of my knowledge. I allow release of this information for verification purposes to determine eligibility. I have reviewed and understand that refusal to provide requested documents may result in my application not being submitted to the FFF Selection Committee.

Applicant Signature (digital signature not acceptable) Date

Applicant's Address

OFFICE USE ONLY:

I have verified the applicant meets all eight Eligibility Criteria and the Academically or Economically Disadvantaged criterion. Appropriate documentation is in the applicant's file. This form serves as the applicant's self-attestation when applicable. The information contained in Section 2 of this form will not be shared with the Selection Committee.

Signature of university FFF Representative (digital signature not acceptable) Date

Be sure to include this document when submitting the Fellowship Agreement to the KHHP Initiative Office.

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