



COVER SHEET AND CHECKLIST

KILLAM FELLOWSHIPS APPLICATION PACKAGE

Applicant Name

Title

First

Middle

Last

Home Institution

Field of Study

Major(s)

Minor(s)

Secure Application Package with a temporary fastener (paperclip) **DO NOT** use staples.
Applications are fillable. Handwritten applications will not be accepted.

Please submit in the following order:

- ☐ Killam Fellowships Program Application Form
Complete all sections of the fillable form. Please ensure the form is signed and dated.
- ☐ Personal Statement
One (1) single spaced page **maximum**. Use a 12 point font, with 1 inch margins.
- ☐ Curriculum Vitae / Résumé
Up to three (3) pages **maximum**. Use a 12 point font, with 1 inch margins.
- ☐ Course Selection Form
Submit for each of your top three (3) choices for which you want to be considered.
Must be approved and signed by a home university student academic advisor.
Select undergraduate classes and be informed that some institutions will not allow for specialized program classes.
- ☐ Confidential Reference Forms from **two** referees
Submit in sealed envelopes with the referee's signature on each seal. **If the applicant is participating in the Direct Exchange Program, the home institution selection committee may, of course, open the sealed envelopes when evaluating the application.**
The forms are mandatory. However, accompanying letters of reference are optional.
At least one reference should be a university professor.
- ☐ Official university transcript in a sealed envelope. **If the applicant is participating in the Direct Exchange Program, the home institution selection committee may, of course, open the sealed envelopes when evaluating the application.**
- ☐ Photocopy of your passport (preferred), birth certificate, or other documentation that verifies citizenship.
- ☐ English Language Proficiency Report
If your first language is not English and if you are not currently studying at an English-language university, you are required to submit a language proficiency report. Please see the English Language Proficiency Report for further details.

For official use only.

To be completed by the home institution of an applicant in the Direct Exchange Program (Partner Institution).

Name of Killam Campus Representative: _____

Title and Department: _____

Signature: _____

Date: _____

Committee decision (please check one):

☐ Nominate

☐ Do not nominate

**APPLICANTS IN THE OPEN COMPETITION SUBMIT APPLICATIONS
POST-MARKED ON OR BEFORE FEBRUARY 2, 2015 TO:**

THE KILLAM FELLOWSHIPS PROGRAM, 2015-350 ALBERT STREET, OTTAWA, ON K1R 1A4 CANADA

**APPLICANTS IN THE DIRECT EXCHANGE PROGRAM SUBMIT APPLICATIONS
TO THE APPROPRIATE OFFICE BY THEIR HOME INSTITUTION'S INTERNAL DEADLINE**

**PARTNER INSTITUTIONS FORWARD SELECTED ORIGINAL HARD COPY APPLICATIONS
POST-MARKED ON OR BEFORE FEBRUARY 2, 2015 TO:**

THE KILLAM FELLOWSHIPS PROGRAM, 2015-350 ALBERT STREET, OTTAWA, ON K1R 1A4 CANADA



THE KILLAM FELLOWSHIPS PROGRAM

APPLICATION FOR CANADIAN UNDERGRADUATE STUDENTS TO STUDY IN THE UNITED STATES DURING THE 2015/16 ACADEMIC YEAR

Preference will be given to students requesting a single semester placement.

Placement Preference ☐ Fall 2015 Semester ☐ Either Semester ☐ Either One Semester or Full Year
☐ Spring 2016 Semester ☐ Full 2015/16 Academic Year

Applicant Name

Title First Middle Last

Country(ies) of Citizenship ☐ Canada ☐ Dual Canada - Other:

Country of Legal Residence **Place of Birth**

Date of Birth (mm/dd/year) **Gender** Optional **Ethnicity** Optional

Home Institution

Field of Study

Major(s) Minor(s)

Current Home Address **Valid Until** (mm/dd/year)

Street City Province Postal Code

Country Home Phone Mobile Phone Email

Permanent Home Address

Street City Province Postal Code

Country Home Phone Mobile Phone Email

Educational Profile (Please list most recent first)

Institution (name and location) Field of Study Type of Diploma or Degree (i.e., BA) Date Received/Expected (mm/dd/year)

Scholarships, Fellowships, Internships, Awards or Special Achievements (Killam Fellowships may be held in conjunction with other awards and/or opportunities)

Name Source Amount Dates Location

Visits abroad since September 2011 (Please include only those visits of one month or more)

Location Purpose Dates of Residence Length of Stay



Preferred Host Institutions

Students can apply to either the Direct Exchange Program, or the Open Competition. Candidates may be offered an award at any of the Direct Exchange host institutions.

Direct Exchange Program (Please rank at least three host institutions in order of preference – 1 is highest.)

_____ American University	_____ Arizona State University
_____ Bridgewater State University	_____ Clemson University
_____ Ithaca College	_____ Smith College
_____ State University of New York College in Plattsburgh	_____ University of Maine
_____ University of Miami	_____ University of Texas, Austin
_____ University of Washington	_____ Vanderbilt University
_____ Wellesley College	

Open Competition (Please identify three host institutions for the self-placed program.)

Preferred Host Institution 1) _____ Institutional Contact _____

Reason for Selection _____

Letter of Invitation/Acceptance ☐ Attached ☐ Expect to receive ☐ Contacted/Application Submitted ☐ No Contact

Alternate Host Institution 2) _____ Institutional Contact _____

Reason for Selection _____

Letter of Invitation/Acceptance ☐ Attached ☐ Expect to receive ☐ Contacted/Application Submitted ☐ No Contact

Alternate Host Institution 3) _____ Institutional Contact _____

Reason for Selection _____

Letter of Invitation/Acceptance ☐ Attached ☐ Expect to receive ☐ Contacted/Application Submitted ☐ No Contact

Language of Instruction (Indicate which language was used to satisfy the formal requirements for your studies at each of the following levels)

Secondary School _____ Undergraduate Studies _____

First Language _____

Language Proficiency (None, Poor, Good, Excellent)

Listening

Speaking

Reading

Writing

English _____

French _____

Other: _____

Other: _____

How did you hear about the Program?

Statement by Applicant

By my signature I certify that, to the best of my knowledge, the information provided in this application is truthful, accurate, and complete. My signature grants consent to the collection and use of my personal information by the Foundation and its agents in the processing of this application and the subsequent administration of a Killam award.

Signature of Applicant _____

Date _____



COURSE SELECTION FORM

KILLAM FELLOWSHIPS APPLICATION PACKAGE

Instructions to the Applicant and the Advisor

The applicant must provide course selections for each of your top three (3) choices for which he/she wants to be considered. The applicant should select undergraduate classes and be aware that some institutions may not provide classes for exchange students in many specialized programs. Selections must be approved and signed by a student academic advisor from the home university.

Applicant Name

Title _____ *First* _____ *Middle* _____ *Last* _____

Home Institution

Host Institution

Choice Ranking

	Course code at host institution	Title of course	Equivalent course code at home institution	Start and end date of course
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

Additional Comments

APPROVAL BY HOME INSTITUTION ACADEMIC STUDENT ADVISOR

Name and title

(please write in block letters)

Signature

Date



COURSE SELECTION FORM

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3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

Additional Comments

APPROVAL BY HOME INSTITUTION ACADEMIC STUDENT ADVISOR

Name and title

(please write in block letters)

Signature

Date



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8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

Additional Comments

APPROVAL BY HOME INSTITUTION ACADEMIC STUDENT ADVISOR

Name and title

(please write in block letters)

Signature

Date



CONFIDENTIAL REFERENCE FORM

KILLAM FELLOWSHIPS APPLICATION PACKAGE

Applicant Name

Title

First

Middle

Last

Instructions to the referee

This student is applying for a Killam Fellowship. Your assessment and comments will support this student's application. Please complete this confidential and mandatory reference form and submit it, in a signed and sealed envelope, directly to the student. An accompanying letter of reference is optional. Please note that additional comments or a letter of reference should be written in English.

Referee Name

Title and Institution

Relationship to the Applicant

How long have you known the Applicant?

In what capacity have you known the applicant? ☐ Professor ☐ Research Advisor ☐ Employer/Job Supervisor Other: _____

Please assess the applicant according to the following criteria in areas that you are able to evaluate.

(Please reserve the ranking "Outstanding" for those few students who have distinguished themselves by their unique contribution or exceptional performance.)

Outstanding

Excellent

Very Good

Average

Below Average

Academic Performance

Intellectual Ability

Resourcefulness and Initiative

Work Habits

Emotional Maturity

Leadership Qualities

Ability to Adapt to New Situations

Comparison Group Total Number of Students _____ Over _____ Years

Additional Comments

Referee's Signature

Date

Referee's Contact Information

Street

City

Province/State

Postal/Zip Code

Country

Phone

FAX

Email

Please complete this confidential and mandatory reference form and submit it, in a signed and sealed envelope, for the student to include with their application.



CONFIDENTIAL REFERENCE FORM

KILLAM FELLOWSHIPS APPLICATION PACKAGE

Applicant Name

Title

First

Middle

Last

Instructions to the referee

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Date

Referee's Contact Information

Street

City

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Postal/Zip Code

Country

Phone

FAX

Email

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ENGLISH LANGUAGE PROFICIENCY REPORT

KILLAM FELLOWSHIPS APPLICATION PACKAGE

Instructions to the Applicant

An applicant whose first language is not English, and is not currently studying at an English-language institution must complete this form and submit it with their completed application form for a Killam Fellowship. This confidential report is meant to provide an indication of the applicant's present command of English. This form must be completed by a professor of English or a person designated by the home institution to do so. Please note that candidates may also be asked to submit a TOEFL score.

To be completed by the Applicant

Applicant Name

Title

First

Middle

Last

First Language

Instructions to the Evaluator

The person whose name is given above is applying for a Killam Fellowship. Should the applicant be selected for an award, and the applicant has chosen to study at an English academic institution, the applicant must be proficient in English. Please complete this confidential report and submit it, in a signed and sealed envelope, directly to the student who will include it with their application.

To be completed by the Evaluator

Evaluator Name

Title and Institution

Please indicate in what manner you evaluated the following dimensions of the applicant's proficiency in English.

1. **Spoken English**

2. **Written English**

3. **Listening Skills**

4. **Reading**

Spoken English:

- ☐ Speaks fluently and with ease at an advanced level
- ☐ Speaks with ease but with occasional errors
- ☐ Speaks haltingly with frequent errors

Reading:

- ☐ Comprehends advanced level material
- ☐ Comprehends intermediate level material
- ☐ Comprehends elementary level material

Listening Skills:

- ☐ Understands complex conversation
- ☐ Understands with some hesitation
- ☐ Understands simple vocabulary

Written English:

- ☐ Writes fluently and with ease at an advanced level
- ☐ Expresses thoughts comprehensibly with occasional errors
- ☐ Writes at an elementary level with frequent errors

In your opinion, would the applicant be capable of carrying out advanced level academic study and/or research in English?

☐ Yes, with ease

☐ Yes, with some difficulty

☐ No

Evaluator's Signature

Date

Contact Information

Street

City

Province/State

Postal/Zip Code

Country

Phone

FAX

Email

Please complete this English language proficiency report and submit it, in a signed and sealed envelope, for the student to include with their application.