**DWIGHT DAVID EISENHOWER TRANSPORTATION FELLOWSHIP PROGRAM**

## **2013 EISENHOWER MIHE TRANSPORTATION FELLOWSHIPS**

City College of New York

## Application Form - Part 1

**BURDEN STATEMENT**

|  |  |
| --- | --- |
| Name | Official Use only  |
| Current Address | Telephone No.: E-mail Address: |
| Permanent Address | Telephone No.: |
| **Check one** **box and circle year to indicate your status as of 9/1/2013:** ❑ Undergraduate ❑ Undergraduate ❑ Master’s Student ❑ Doctoral Student (Junior) (Senior) 1st yr 2nd yr 1st yr 2nd yr 3rd yr | **RACE (optional)**❑ American Indian❑ Alaskan Native❑ Asian❑ African/African American❑ Native Hawaiian/Other Pacific Islander❑ White❑ Other**ETHNICITY (optional)**❑ Hispanic or Latino❑ Not Hispanic or Latino❑ Hispanic or Latino in Puerto Rico❑ Not Hispanic or Latino in Puerto Rico  |
| U.S. Citizen ❑ Yes ❑ No  If no, please attach a certified copy of your I-20 or I-551 ID issued by the C.I.S.  |
| Gender:❑ Male ❑ Female | **Experience in Other Transportation Educations Programs**❑ ENO Fellow Yr \_\_\_\_\_\_ ❑ NSTI Yr\_\_\_\_\_\_❑ UTC Award Yr \_\_\_\_\_\_\_ ❑ STIPDG Yr \_\_\_\_\_❑ DDETFP Yr \_\_\_\_\_\_\_  |

This collection of information is voluntary and will be used to determine the applicant’s qualifications for the DDETFP. Public reporting burden is estimated to average three hours per response, including the time for reviewing instructions and completing the application. All information collected is confidential and will be used by program staff for program administration purposes only. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2125-0617. **Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Highway Administration, 1200 New Jersey Avenue, SE, Washington, DC 20590.**

**Must be typed**

|  |  |
| --- | --- |
| College or University | Academic Dept. |
| Name, Title and Address of Faculty Advisor | Telephone No.:Fax Number: E-mail Address: |
| Name, Title and Address of Campus Program Manager (if different than Faculty Advisor)Dr. Alison ConwayAssistant Professor, Department of Civil Engineering160 Convent Avenue, Steinman Hall T-119New York, NY 10031 | Telephone No.: 212-650-5372Fax Number: 212-650-6965E-mail Address: aconway@ccny.cuny.edu |
| Applicant’s Major  | Applicant’s Field of Study |
| Date | \* Signature of Applicant **(Required)** |
| Date | \* Signature of Faculty Advisor **(Required)** |

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#### 2013 EISENHOWER MIHE TRANSPORTATION FELLOWSHIPS

City College of New York

## Application Form - Part 2

## ***Must be typed***

 **Proposed Plan of Study**

 Please provide a summary of how your plan of study will impact and enhance the field of transportation and what role transportation takes in your professional goals. Incorporate educational, personal and work experiences, accomplishments, volunteer activities and/or events that support your plan of study. (max 750 words)

## City College of New York

## Application Form - Part 3

## (Attach additional pages if needed)

|  |
| --- |
| Briefly describe your participation in college and department activities (if any): |
| Briefly describe academic awards you have received since beginning at City College (e.g. scholarships, fellowships, department awards) (if any): |
| Briefly describe your transportation-related work experience (if any):  |
| **Please list the names of the four references who will submit letters of recommendation describing your qualifications:**Name: Institution/Agency: Email: |
|  |
|  |
|  |

**DWIGHT DAVID EISENHOWER TRANSPORTATION FELLOWSHIP PROGRAM**

## **2013 EISENHOWER MIHE/PWD TRANSPORTATION FELLOWSHIPS**

**Faculty Advisor Certification**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to serve as a Faculty Advisor to**

 **(Faculty advisor name)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to support his/her research in the area of**

**(Student name)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Area of research)**

**if he/she is awarded an Eisenhower HSI Fellowship.**

**I understand that the requirements expected of an Eisenhower Fellow include:**

* Work with a faculty advisor on a transportation-related research topic
* Meet twice per semester with the Campus Program Manager (Alison Conway – Assistant Professor of Civil Engineering) to discuss academic and research progress
* Submit a research abstract for possible presentation at the TRB Annual Meeting in January 2014
* Attend the Transportation Research Board’s Annual Meeting in Washington, D.C. in January 2014
* Submit a final report on research findings
* Maintain a GPA of 2.7

**I understand that my responsibilities as the faculty advisor include:**

* Oversee the student’s research progress
* Review the student’s research abstract that will be submitted for the January 2013 TRB Annual Meeting
* If the student is selected to present at the TRB Annual Meeting , review the student’s slides or poster
* Review the student’s final report on research findings
* Communicate with the Campus Program Manager if I have any concerns about student progress

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(Faculty Signature) (Date)