



National Council for Black Studies

P.O. Box 4109 • Atlanta, GA 30302
404-413-5131 • info@ncbsonline.org

Administrative Workshop Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address: _____

Alternate Phone: ()

Are you a current Chair or Director of Africana Studies? YES NO If yes, how many years experience? 1-3 4+

Name of University/College _____

Name of Program _____

Application

Write a one-page statement of purpose and reason for applying to the Workshop. The statement should also include the type of program you lead as well as your goals, objectives, and challenges you seek to address.

Provide

Vita

One Letter of Recommendation

Mail application along with statement, letter and vita to:

NCBS Ford—Administrative Workshop
National Council for Black Studies
P.O. Box 4109
Atlanta, Georgia 30302-4109

All applications must be post dated by **May 7, 2010**.

Signature

Signature: _____ Date: _____