

Regular Track

Continuing Education Track

Signature

Date of Completion

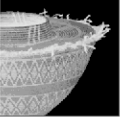
Application for Admission
Online Version

Fall Admission Only

Deadline Jan.10

Cooperstown

GRADUATE PROGRAM



PERSONAL INFORMATION

Name

last 1 first m.

Current address

street city state zip

telephone () daytime () evening

Permanent address (if different from current)

street city state zip

telephone

EDUCATION

High School Education

name 1 city/state year graduated

College Education (please list, beginning with most recent)

	institution	attendance dates	major/minor	degree received
1.				
2.				
3.				
4.				

Academic Honors/Awards

Extracurricular Activities (interests, pastimes, alternate subject interests, etc.)

Notable Skills

OFFICE USE ONLY

RELATED EXPERIENCE

Describe work experience in museums, historical societies, and agencies. Begin with most recent.

1. institution	city/state	position	dates of employment
responsibilities:			
2. institution	city/state	position	dates of employment
responsibilities:			
3. institution	city/state	position	dates of employment
responsibilities:			

OTHER EXPERIENCE

Please list other work experience. Begin with most recent.

1.
2.
3.
4.

Professional Activities (memberships, publications, presentations)

Professional Education (seminars, conferences, workshops, etc.)

What are your career aspirations in ten years?

What are your ultimate career goals?

What strengths can you bring to the Cooperstown Graduate Program?

REFERENCES

Please provide us with at least two letters of recommendation.

Ideally, one or more will be from a faculty member who can attest to your ability to complete an MA program successfully, and one or more will be from a supervisor or person qualified to evaluate relevant work experience and your commitment to the field.

List names and affiliations of people who will send us recommendations:

educational
or
professional

1.

2.

3.

4.

FINANCIAL INFORMATION

Y N

Do you wish to apply for a fellowship or assistantship from the Cooperstown Graduate Program?

Have you completed the CGP Application for Fellowship form?

TO COMPLETE YOUR APPLICATION

Along with this completed form, please send us:

A check or money order for \$50 payable to "State University College at Oneonta."

A personal narrative of approximately 1,000 words (four double-spaced typed pages).

We would like to know who you are, how you became interested in a career in museums or historical agencies, what kind of experience you have had, what your career goals are, and how the Cooperstown Graduate Program can help you achieve those goals.

A writing sample from a paper or article you have written. (5-10 pages)

In addition, please have the following sent to us:

Transcripts of all college work. If you have not yet graduated, we will need proof that you have received a baccalaureate degree before you can enroll.

Transcripts from the Graduate Record Examination General Test. Please use the Cooperstown Institution Code (R2898); Do not have scores sent to Oneonta.

At least two letters of recommendation as described above.

Y N

If invited for an interview, may we release your name, address, and telephone number to other applicants and students to coordinate travel?

All material should be sent to:

Director of Admissions
Cooperstown Graduate Program
5838 State Route 80
PO Box 800
Cooperstown, New York 13326



Fellowships are available to a limited number of full-time students who are working toward a Masters Degree. They are awarded on the basis of past performance and demonstrated need. They may be terminated if the student's academic performance is not satisfactory.

PERSONAL INFORMATION

Name and social security number

last ¹ first m.

social security number###

Current address

street city state zip

telephone () daytime () evening

Permanent address (if different from current)

street city state zip

telephone ()

Optional

date of birth place of birth

marital status spouse's name

What dependents will you have during the academic year?

please indicate their relationship

1.

2.

3.

4.

FINANCIAL INFORMATION

Are you applying for any other type of student loan or fellowship?

type of loan/fellowship

amount

1.

2.

3.

<input type="radio"/> Y <input type="radio"/> N	Is financial aid necessary for you to attend the program?
<input type="radio"/> <input type="radio"/>	Do you plan on applying for a student assistantship?
<input type="radio"/> <input type="radio"/>	Are you a New York resident?
<input type="radio"/> <input type="radio"/>	If so, do you plan to apply for the Tuition Assistance Program (TAP)?
<input type="radio"/> <input type="radio"/>	When were you last claimed as a dependent on your parent(s) income tax form? If so, how much? If not, why?
<input type="radio"/> <input type="radio"/>	Will your parent(s) be contributing to your graduate education?
	Will you be under Veteran's Benefits?
<input type="radio"/> <input type="radio"/>	Do you expect to have income from a spouse or significant other during your time in Cooperstown?
<input type="radio"/> <input type="radio"/>	Do you have income from any other source (stock, trust funds, etc.)?
<input type="radio"/> <input type="radio"/>	Do you have any large outstanding indebtedness?
Please list any fellowship(s) or scholarship(s) you had during your undergraduate or previous graduate work.	
1.	
2.	
3.	

Please submit below a budget of your projected living expenses for one year at cgp. Indicate the amount you are able to contribute and the amount of fellowship aid you are requesting.

EXPENSES		
Tuition and Fees	New York State	
	Out of State	
Health Insurance		
Auto Insurance		
Auto Maintenance		
Rent		
Utilities		
Food		
Clothes		
Books and Supplies		
Support for Family		
Travel Expenses		
Other Expenses		
Total		
I can contribute		

ASSETS		
Scholarships and Grants for Graduate Study		
Annual Parental Support (from above)		
Savings and Checking Accounts		
Individual Retirement Accounts (IRA)		
Current Yearly Income		
Other Assets		
Total		

Under the conditions outlined in this application, I wish to be considered for a Cooperstown Graduate Program Fellowship.

I therefore request a fellowship grant of: _____
for the academic year: _____

Amount granted: _____

Fund: _____

Special conditions: _____

FOR OFFICE USE ONLY

Signature _____ Date of Completion _____