

**Faculty Diversity Composition Initiative (FDCI)**

**~ Application~**

Please fill in the following information by placing a check in the appropriate boxes and filling in the blanks. All applications should be submitted electronically to [divesityandinclusion@missouristate.edu](mailto:divesityandinclusion@missouristate.edu). The applicant’s name should be in the subject line.

**Personal Information**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred use: \_\_\_\_\_\_\_

Social Security Number (Last four): XXX-XX-\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_ Transgender \_\_\_\_\_

US Citizenship: Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

American Indian or Alaskan Native: A person having origin in any of the original people of North America, and who maintains a cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes China, India, Japan, Korea, the Philippine Islands, and Samoa.

Bi-Racial: A person having identity with more than one racial and/or ethnic origin.

Black, not of Hispanic origin: A person having origin in any of the black racial groups of Africa.

Hispanic: A person of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

White, not of Hispanic origin: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Education**

Baccalaureate: Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year earned: \_\_\_\_\_\_\_\_\_\_ Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Master: Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year earned: \_\_\_\_\_\_\_\_\_\_ Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctorate: Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year earned: \_\_\_\_\_\_\_\_\_\_ Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have taken the GRE, MAT, GMAT, or equivalent. Score\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Score does not indicate automatic approval or refusal of candidates from the program.

**Program Preference**

Forgivable Loan Program (FLP)

Loan Reimbursement Program (LRP)

Anticipated term of the program, (i.e. 3 years): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Documents Attached**

Letter(s) of recommendation

Official Transcripts

Essay (2-page minimum)

**Recommendation by Academic or Administrative Official**

By authority invested in me as an academic or administrative official at Missouri State University, I recommend the undersigned applicant for participation in the Faculty Diversity Composition Initiative.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement for Consideration**:

In exchange for my written commitment to work at Missouri State University (MSU), I will participate in the FDCI by accepting an advancement loan or supplemental pay reimbursement up to $15,000 per year for a maximum of 5 years in order to cover the cost of my expenses to obtain a terminal degree. After successful completion of my terminal degree, I will return to work at MSU and obtain forgiveness of financial responsibility pursuant to the FLP or reimbursement pursuant to the LRP as contracted with the University.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_