

Pioneer Institute, Inc.  
2013 Ruth & Lovett Peters Fellowship in Education Policy

Please send directly to the attention of Mary Connaughton at Pioneer Institute at the address below or fax to 617 723-1880 or scan and email to [mconnaughton@pioneerinstitute.org](mailto:mconnaughton@pioneerinstitute.org).

Pioneer Institute, 85 Devonshire Street, 8<sup>th</sup> floor, Boston, MA 02109

**Deadline:** November 30, 2012

**Applicant Name** \_\_\_\_\_

**Please tell us about yourself**

Title	First Name	Middle Initial	Last Name
_____	_____	_____	_____

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

Institution: \_\_\_\_\_

Mailing Address: (institutional address)

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

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Please tell us about the applicant**

What course did the applicant have with you? \_\_\_\_\_

How do you know the applicant? (*check as many as apply*)

- |  |  |
|--|--|
| <input type="checkbox"/> an undergraduate                    | <input type="checkbox"/> a graduate student            |
| <input type="checkbox"/> an undergraduate research assistant | <input type="checkbox"/> a graduate research assistant |
| <input type="checkbox"/> an undergraduate teaching assistant | <input type="checkbox"/> a graduate teaching assistant |
| <input type="checkbox"/> summer internship                   | <input type="checkbox"/> other _____                   |

In what capacity did you engage the applicant? (*check as many as apply*)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> teacher in only one undergraduate class  | <input type="checkbox"/> undergraduate department chairperson | <input type="checkbox"/> graduate research advisor |
| <input type="checkbox"/> teacher in several undergraduate classes | <input type="checkbox"/> teacher in only one graduate course  | <input type="checkbox"/> graduate advisor          |
| <input type="checkbox"/> undergraduate research advisor           | <input type="checkbox"/> teacher in several graduate courses  | <input type="checkbox"/> summer research advisor   |
| <input type="checkbox"/> undergraduate major advisor              | <input type="checkbox"/> graduate department chairperson      | <input type="checkbox"/> employer                  |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



