

USDA E. Kika De La Garza Fellowship Application

1. Applicant Information

Last Name *	Single line of text
First Name *	Single line of text
Middle Name (optional)	Single line of text
Primary Phone Number *	(Country Code) (000)000-0000
Secondary Phone Number (optional)	(Country Code) (000) 000-0000
Primary Email Address *	Single line of text
Secondary Email Address (optional)	Single Line of text
Position Title *	Single line of text
Start Date *	Date Selector
Citizenship Status *	Choice selection: -U.S Citizen -U.S. National - Other Status: Single line of text
Have you previously applied for the E. Kika de La Garza Fellowship Program? *	Y/N

2. Institution Information

Name of Institution *	Single line of text
Address *	Single line of text
Address Line 2	Single line of text
City *	Single line of text
State *	<u>Dropdown choice selection options:</u> Alabama (AL) Alaska (AK) American Samoa (AS) Arizona (AZ) Arkansas (AR) California (CA) Colorado (CO) Connecticut (CT) Delaware (DE) District of Columbia (DC) Florida (FL) Georgia (GA) Guam (GU) Hawaii (HI) Idaho (ID)

	Illinois (IL) Indiana (IN) Iowa (IA) Kansas (KS) Kentucky (KY) Louisiana (LA) Maine (ME) Maryland (MD) Massachusetts (MA) Michigan (MI) Minnesota (MN) Mississippi (MS) Missouri (MO) Montana (MT) Nebraska (NE) Nevada (NV) New Hampshire (NH) New Jersey (NJ) New Mexico (NM) New York (NY) North Carolina (NC) North Dakota (ND) Northern Mariana Islands (MP) Ohio (OH) Oklahoma (OK) Oregon (OR) Pennsylvania (PA) Puerto Rico (PR) Rhode Island (RI) South Carolina (SC) South Dakota (SD) Tennessee (TN) Texas (TX) Utah (UT) Vermont (VT) Virgin Islands (VI) Virginia (VA) Washington (WA) West Virginia (WV) Wisconsin (WI) Wyoming (WY)
Zip/Postal Code *	5-digit number

3. Fellowship Information

Which fellowship type are you applying for? (Select one) *	<u>Dropdown choice selection options:</u> -Education (HSI Faculty and Staff)
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	-High School (Superintendents, Principals, Agriculture and/or District-level educators/administrators) -Science (HSI Faculty Researchers and Science Research Educators)
Areas of Interest (Select all that apply) *	<u>Checkbox selection choices: (multi-select):</u> - Stakeholder engagement - Retention - Career opportunities/internships for students - Research and Evaluation - Grants - Partnership development - Government relations
What specific [research topics, skills, and/or information] would you find most useful in your [studies/work/careers endeavors]? (Select up to three (3)) *	<u>Checkbox selection choices: (multi-select):</u> - Animal Science - Biotechnology - Broadband - Climate - Conservation - Data and Statistics - Economic or Agricultural Economics - Disaster Assistance - Education - Environmental Science - Food and Nutrition - Forestry - Food Safety and Inspection - Foreign Service - Human Sciences - Invasive Species - Marketing and Pricing - National Security - Organic Farming - Plant Science - Recreation and Travel - Rural Development - Sustainable Farming - Trade - Urban Farming - Veterinary Services - Other (please specify): Single line of text

4. Resume/CV *

Please upload.

5. Essay *

Essay Prompt for specific fellowship type:	
Education Fellowship:	Compose a 500 to 800-word statement that describes how the mission and vision of the United States Department of Agriculture aligns with that of your institution. Emphasize how your institution is addressing the unique needs of your underserved student population. Describe your strategy and methods to share the knowledge and information gained during your fellowship with your colleagues, students, and the community.
High School Fellowship:	Compose a 500 to 800-word statement that describes how the mission and vision of the United States Department of Agriculture aligns with that of your institution. Emphasize how your institution is addressing the unique needs of your underserved student population. Describe your strategy and methods to share the knowledge and information gained during your fellowship with colleagues, students, and your community.
Science Fellowship:	Compose an 800 to 1000-word statement that describes your interest in the United States Department of Agriculture and your specific research interests. Specify your preferred agency (i.e., Agricultural Research Service (ARS) , Food Safety Inspection Service (FSIS) , Forest Service (FS) , or the Natural Resources and Conservation Service (NRCS)) and include a rationale for your selection. Describe your strategy and methods to share the knowledge and information gained during your fellowship with colleagues, students, and your community.

6. Institutional Support Agreement *

- ☐ I have thoroughly reviewed the fellowship program guidelines and requirements. (Required)
- ☐ I understand the duration, expectations, and any other conditions associated with the program. (Required)

☐ I confirm that my organization commits to the continual support of my participation in the fellowship program and, if applicable, intends to cover any salary and benefits which would otherwise be provided during the fellowship period. (Required)

7. Application Review and Certification *

_____ I have checked my application for completeness and errors and have provided true information to the best of my knowledge and ability.

Privacy Act Notice: The purpose for soliciting this information is to consider applicants for participation in the 1890 Scholars Program. USDA Office of Partnerships and Public Engagement (OPPE) and other USDA agencies may reply to your individual response. OPPE will only share the personal information you give us with select USDA staff for the purposes of selection in the 1890 Scholars Program. USDA does not collect information for commercial marketing. Furnishing this information is voluntary. For more information about USDA's privacy policies, please visit: <https://www.usda.gov/privacy-policy>.

Applicant's Legal Name *	Applicant's Signature *	Date *
Single line of text	Digital signature block	Date dropdown

Demographic Questions

Providing the following information is **voluntary** and will have no bearing on your application. USDA OPPE collects this information to ensure equity in our programs and evaluate our outreach efforts.

What is your race and/or ethnicity?

Select all that apply and enter additional details in the spaces below.

☐ **American Indian or Alaska Native**

Enter, for example, Navajo Nation, Blackfeet Tribe of the Black Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

☐ **Asian**

- ☐ Chinese
- ☐ Asian Indian
- ☐ Filipino
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Another group (Enter, for example, Pakistani, Hmong, Afghan, etc.)

☐ Black or African American

- ☐ African American
- ☐ Jamaican
- ☐ Haitian
- ☐ Nigerian
- ☐ Ethiopian
- ☐ Somali
- ☐ Another group (Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.)

☐ Hispanic or Latino

- ☐ Mexican
- ☐ Puerto Rican
- ☐ Salvadoran
- ☐ Cuban
- ☐ Dominican
- ☐ Guatemalan
- ☐ Another group (Enter, for example, Colombian, Honduran, Spaniard, etc.)

☐ Middle Eastern or North African

- ☐ Lebanese
- ☐ Iranian
- ☐ Egyptian
- ☐ Syrian
- ☐ Iraqi
- ☐ Israeli
- ☐ Another group (Enter, for example, Moroccan, Yemeni, Kurdish, etc.)

O Native Hawaiian or Pacific Islander

- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Chamorro
- ☐ Tongan
- ☐ Fijian
- ☐ Marshallese
- ☐ Another group (Enter, for example, Chuukese, Palauan, Tahitian, etc.)

O White

- ☐ English
- ☐ German
- ☐ Irish
- ☐ Italian
- ☐ Polish
- ☐ Scottish
- ☐ Another group (Enter, for example, French, Swedish, Norwegian, etc.)

Gender (Optional)

- ☐ Woman
- ☐ Man
- ☐ Non-binary/third gender
- ☐ I use a different term.
- ☐ Prefer not to answer.

What is your U.S. Military service status? (Optional)

No prior Military Service
Currently in National Guard or Reserves
Retired
Separated or Discharged

Are you a military spouse? (Optional)

☐ Yes

☐ No

Are you an individual with a disability? (Optional)

☐ Yes

☐ No

Do you need any special accommodations? (Optional)

☐ Yes

☐ No

If so, what accommodations do you need?

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