



Name: _____

Department: _____

(Please check one) Faculty: Graduate: Undergraduate:

INFORMATION FORM 2009-2010

In order to begin scheduling, the following form must be returned to the Gluck Office.

Failure to submit the required information may result in the postponement or termination of a Fellow's project. Repeated postponement of a project may jeopardize future fellowship opportunities. Incomplete forms will not be accepted.

FELLOWS INFORMATION

Name (Last, First, M.I.): _____ SID #: 860 - _____ - _____

Local Address: _____

City: _____ State: _____ Zip: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Address you would prefer correspondence mailed to: Local Permanent

Home Number: _____ Cell Number: _____ E-mail: _____

Information Release: I agree to release my (please cross out) Home number, Cell number and Email

address to any site host or teacher scheduling my presentation. Initials _____

Are you a member of a Gluck ensemble? If yes, which ensemble? _____

Full Time UCR Employee Part Time UCR Employee Department _____

Are you On Financial Aid? Yes No Are You On Another Fellowship? Yes No

Are you a US Citizen? Yes No New Fellow or Returning Fellow

Brief Bio (Please include your major, minor, educational background, etc.): _____

PROJECT INFORMATION

Project Title: _____

Project Description (this is the blurb for sites to advertise your project): _____

IT / Media borrowing requirements for project: (TV, VCR, Laptop, projector) _____

Site requirements for project (e.g. **room size, audience size, hard-wood floor**, etc. Please be as specific as possible.) _____

Please check which term best describes the format of your project:

Presentation _____ Performance _____ Workshop _____ If other, please describe _____

How do you wish to divide your 10 hours of community contact time? (Example: 5 sites/2 meetings each or 2 sites/5 meetings each, etc.)

Preferred group for project (**please indicate 1st, 2nd, 3rd choices, etc.**):*

Elementary (Kindergarten – 3rd Grade) _____ Elementary (4th – 6th Grade) _____ Middle School _____

High School _____ AVID / Upward Bound _____ No Preference _____

Elderly _____ Challenged _____ Special needs _____ Foreign Language (specify) _____

Preferred Site (if contacted at Orientation, etc.) _____

Preferred time line for project (**please indicate 1st, 2nd, 3rd choices, etc.**):*

Summer _____ Fall _____ Winter Break _____ Winter _____ Spring Break _____ Spring _____ No Preference _____

**Gluck Program staff will do their best to accommodate your preferences in venue and the quarter in which you would like to give your presentations, but this may not always be possible. Please contact the Program Coordinator or the Program Assistant for details.*