**Jane’s Fellowship Program Class 10**

**APPLICATION**

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| Name & Pronouns |  | | Date of Birth | |  |
| Email Address |  | | Mailing Address | |  |
| Preferred Phone |  | | Alternate Phone | |  |
| How did you hear about Jane’s Fellowship Program? | | | | | |
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| What level of education have you completed? (There is no minimum requirement.)  Please also note if you are currently enrolled or will be enrolled in an educational program. | | | | | |
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| Have you participated in another fellowship or cohort experience that might be comparable to JFP? If so, briefly describe (include date of participation) | | | | | |
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| Please name specific connections or relations you have to the following: | | | | | |
| JFP Graduates |  | | | | |
| TRFF Board or Staff |  | | | | |
| **REFERENCES**  Please list two references who can provide a well-rounded picture of your grassroots and community work. Let them know we might be in touch as we consider your application. Please note that references can be the same person who completed the required letter a support, or someone different. | | | | | |
| Reference 1 | | | Reference 2 | | |
| Name | |  | Name |  | |
| Phone | |  | Phone |  | |
| Email | |  | Email |  | |
| Relationship  to You | |  | Relationship  to You |  | |
| **OPEN-RESPONSE QUESTIONS**  *The answer boxes will expand to accommodate whatever amount of text you’d like to provide. If completing on separate paper, please number your responses and attach additional paper as needed.* | | | | | |
| **Your Community and Your Work** | | | | | |
| 1. Jane’s Fellowship Program invests in people who live in and are actively serving Pierce County, working to address community challenges, and building grassroots power. What place and what people do you see as your community? Is this also the community you serve? | | | | | |
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| 1. Describe your grassroots or community work. Please include any alliances, coalitions, or movements you are affiliated with. What are you hoping to create, transform or address through your efforts? Who are the beneficiaries of this work? | | | | | |
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| 1. What obstacles do you face in your community work? | | | | | |
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| **Your View of Leadership** | | | | | |
| 1. There are varying perspectives about what “leadership” means and how it operates. Describe a time you witnessed effective leadership and how it has informed your collaboration with the community today. | | | | | |
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| 1. Describe a recent growth in character, skill, or knowledge that has empowered you as a leader. | | | | | |
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| 1. Please describe one or more areas of your leadership that you hope to further sharpen or develop. | | | | | |
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| 1. What opportunities have you had, or do you currently have, to invest in yourself as a leader or support your leadership development? | | | | | |
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| **Your Participation** | | | | | |
| 1. Based on the program brochure or what you have learned or heard so far, why is the Jane’s Fellowship Program for you? | | | | | |
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| 1. Many of our Fellows juggle multiple responsibilities—in community, in school, in employment—while supporting their community work. Do you have occupational, educational, or other community commitments that will be ongoing during the Fellowship? | | | | | |
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| 1. To support sustainable leadership, Jane’s Fellowship Program focuses on you as a person and leader —including self-awareness, social awareness, relationship management, and personal well-being. Please share how any of these qualities are important to you as a leader in community. | | | | | |
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| 1. JFP is a cohort-based program where you will participate and learn in a group setting. How do you feel about participating and learning in a group setting? | | | | | |
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| **Your Contribution to “The Mix”**  We are seeking a group of Fellows that reflects the diversity of Pierce County. The questions below are intended to help us have a fuller picture of you and how you identify. | | | | | |
| 1. With which of these do you identify? (Highlight or mark box, and please include identifications that are not included in the space provided.) | | | | | |
| Native American  Black/African Descent  Asian Pacific Islander or Native Hawaiian  Asian  Latinx  White  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Gender  Transgender  Genderqueer/Non-binary  Intersex  Female  Male  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Sexual Orientation  Queer  Lesbian  Gay  Bi  Straight  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 1. We recognize that the list above is incomplete and can be limiting. Please use this final question to describe how you identify and share any additional background information you would like us to know and feel comfortable sharing (e.g. race or ethnicity, age, sexual orientation, military status, ability, class, location such as urban or rural, language, underrepresented community, etc.). | | | | | |
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| SIGNATURE | | | | | |
| By typing or signing my name below, I certify that all the information provided in this application is true to the best of my knowledge. Additionally, I affirm that   * I am 24 years of age or above * I currently reside in Pierce County * I have reviewed the key dates for the program and believe I can participate fully | | | | | |
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| Digital or Print Signature | | | Date | | |