

## GRADUATE ASSISTANTSHIP APPLICATION FOR THE DEPARTMENT OF ENGLISH

To ensure consideration of your application, please submit materials to trini.stickle@wku.edu.

Students may only apply for a graduate assistantship in the department that offers the degree program the student is pursuing.

| Date                                                                                                                                            | _                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                                            |                                                                       |                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Name                                                                                                                                            |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                                            |                                                                       |                                                                                    |
| Last                                                                                                                                            | First                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MI/Maiden                                                |                                                            |                                                                       |                                                                                    |
| What is your ethnicity:                                                                                                                         | Hispanic or Latino \( \square\) No                                          | t Hispanic or Lat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ino                                                      |                                                            |                                                                       |                                                                                    |
| Select one or mo                                                                                                                                | re races to indicate what                                                   | you consider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | yourself to be:                                          |                                                            |                                                                       |                                                                                    |
| ☐Asian ☐Black/                                                                                                                                  | African American 🗌 Ame                                                      | erican Indian or A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Alaskan Native                                           | ] Native Hawaiian                                          | or Other Pacific Islan                                                | der White                                                                          |
| (This information w                                                                                                                             | vill NOT be used in mak                                                     | ing admission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | decisions; howe                                          | ever, it is necess                                         | ary for record keep                                                   | ing purposes.)                                                                     |
| E-mail Address                                                                                                                                  |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          | Gender  M                                                  | ☐ F ☐ Other                                                           |                                                                                    |
| Current Mailing Address_                                                                                                                        |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                                            |                                                                       |                                                                                    |
|                                                                                                                                                 | Street                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                                            |                                                                       |                                                                                    |
| City                                                                                                                                            |                                                                             | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          | Zip                                                        | Telephone                                                             |                                                                                    |
| Undergraduate College                                                                                                                           | Name of School                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          | Date Attended                                              |                                                                       | Degree earned                                                                      |
| Graduate College (if any)                                                                                                                       |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                                            |                                                                       |                                                                                    |
| Graduate College (II ally)                                                                                                                      | Name of School                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          | Date Attended                                              |                                                                       | Degree earned                                                                      |
| Required supporting docu                                                                                                                        | ments for application. In                                                   | complete appli                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | cations will not b                                       | e considered for                                           | funding.                                                              |                                                                                    |
| (1) Personal Statement: Er<br>courses in year 2. Write a<br>interest in teaching coll<br>teaching philosophy. You<br>develop as a result of you | statement in the space<br>ege composition to un<br>r statement should clea  | e provided at<br>niversity fresl<br>rly indicate wh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | the bottom of to<br>nman. You may<br>lat skills you brin | this form that acd<br>draw on paid wo<br>g to the classroo | ddresses <b>your qua</b><br>ork or volunteer exp<br>om now and what s | <b>lifications for <i>and</i></b><br>periences and your<br>kills you would like to |
| (2) References: Two letters<br>known the applicant (b) A<br>professional, or service sl<br>follow-up questions. Reco<br>"MA or MFA GA Recomm    | n assessment of their t<br>kills deemed relevant b<br>ommenders can email a | eaching skills of the writer (d) Report to the writer (d) Report to the | or teaching poter<br>Date the letter v                   | ntial (c) An asse<br>vas composed (c                       | ssment of any othe e) Contact informat                                | r academic,<br>ion for possible                                                    |
| *According to Privacy Act of<br>Without the waiver the stude                                                                                    |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                                            | ation such as letters                                                 | of recommendation.                                                                 |
|                                                                                                                                                 | I do □ d                                                                    | o not 🗆 w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | raive my right of a                                      | access to these le                                         | etters.                                                               |                                                                                    |
|                                                                                                                                                 |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                                            |                                                                       |                                                                                    |
|                                                                                                                                                 |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Signature                                                |                                                            | MM/DD/YYYY                                                            |                                                                                    |

## PLEASE ADD YOUR PERSONAL STATEMENT HERE