

FELLOWSHIP PROGRAM APPLICATION

**FELLOWSHIP DATES:
JUNE 11 - JULY 31, 2018**

The Be Original Americas Fellowship program is open to currently enrolled undergraduate students in their 2nd or 3rd year of study at an accredited college or university in the United States. Students currently enrolled in industrial design, interior design, architecture, or entrepreneurial-focused programs are encouraged to apply.

In addition to being able to **commit full-time** to Be Original Americas' 7-week fellowship, applicants must meet the following requirements:

- 3.0 GPA or higher
- United States citizenship or legal resident alien status who reside in the United States
- 18 years of age or older

If you meet the above qualifications, please fill out and return this form with the requested materials to BEOfellowship@bdeonline.biz by March 12, 2018. Selected students will be contacted for an interview.

APPLICANT INFORMATION

First Name	MI	Last Name			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Street Address	City	ST	Zip Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Phone Number	Email Address				
<input type="text"/>	<input type="text"/>				
College/University Name	Degree Program	Current GPA			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Year Completed:	<input type="checkbox"/> Second Year	I am legally allowed to work in the United States:	<input type="checkbox"/> Yes	I am 18 years of age or older:	<input type="checkbox"/> Yes
	<input type="checkbox"/> Third Year		<input type="checkbox"/> No		<input type="checkbox"/> No
	<input type="checkbox"/> Fourth Year (architecture only)				

ATTACHMENTS

PLEASE INCLUDE THE FOLLOWING:

- Resume or CV** that emphasizes relevant experience and achievements
- Short Essay (500-700 words)**
Please answer all of the below questions in one MLA-formatted document
What does original design mean to you?
What is your favorite design and why?
What do you see as the future of original design?
- Letter of Recommendation**
Please request one letter of recommendation from a college professor that includes the following information.

Student Information:

First Name / Last Name

Faculty Member Information:

First Name / Last Name / Job Title / Institution / Email / Phone

I certify that the information given in this application is complete and accurate.

PRINT NAME

SIGNATURE

DATE