

**APPLICATION FORM FOR
KOREAN-AMERICAN EDUCATIONAL RESEARCHERS ASSOCIATION (KAERA)
MICHAEL B. SALWEN SCHOLARS PROGRAM**

APPLICATION DEADLINE: FEBRUARY 25, 2022

I. Contact Details	
Last name:	
First name:	
Email address:	
Institution:	
Institution address:	
Mailing address:	
Telephone number:	
Fax number:	
II. Current Status	
() Yes () No	Are you a doctoral student?
() Yes () No	Are you a junior faculty member or a researcher within 6 years of completion of a doctoral degree?
() Yes () No	Will you receive other financial aid to attend the 2022 AERA/NCME conference and/or the 2022 KAERA meeting?
() Yes () No	Are you currently funded through a graduate assistantship, fellowship, or grant? If yes, please specify the source, amount, and duration of the funding: Source: Amount: Duration:
III. Eligibility	
() Yes () No	Are you a member of KAERA? If yes, please provide your initial membership date.
() Yes () No	Did you submit a proposal(s) to the 2022 AERA/NCME Annual Conference? If yes, what is the title(s) of the proposal(s) you submitted? 1. 2. 3.
() Yes () No	Has your proposal(s) to the 2022 AERA/NCME Annual Conference been accepted?

IV. Additional Information

The mission and goals of KAERA are found in the KAERA website (www.k-aera.org). In one paragraph, please describe how you aspire to advance the mission and goals of KAERA through your scholarship and professional involvement.

Please merge this application form with the two additional documents listed below into **one** Word or PDF file.

- A curriculum vitae (maximum of 2 pages) describing your education, research, and work experiences
- A statement of research interests and current research activities (2-4 pages, double spaced)

One must be a doctoral student or have received a doctoral degree within the last 6 years to be eligible for the KAERA Scholars Program. Please have your advisor, supervisor, or department chair (electronically) sign below OR ask him/her to send the Program Committee Chairs a separate email verifying your current status at your institution.

Name of Graduate Advisor, Supervisor, or Department Chair:

Signature:

Date: