

**Diversifying Higher Education Faculty in Illinois
2025-2026 Renewal Application**

Applicant Name _____



MISSION

The goal of DFI is to increase the number of minority full-time tenure track faculty and staff at Illinois' two- and four-year public and private colleges and universities.

DFI Administrative Office
Illinois Board of Higher Education
1 North Old State Capitol Plaza, Suite 333
Springfield, IL 62701-1377
DFI@ibhe.org

**Renewal Applications due to DFI Institutional Representatives:
March 7, 2025.**

Diversifying Higher Education Faculty in Illinois 2025-2026 Renewal Application

Applicant Name _____

GENERAL INFORMATION

Attending Institution and Degree to be supported by this award for 2025-2026:

Name/Location: _____

Discipline/Major: _____ Degree Sought (PhD, EdD, MA, MS, etc.) _____

- Awarded applicants are required to enroll full-time while receiving this fellowship.
- If previously funded for a master's-level degree and now seeking funding for doctoral level, an admission letter to the doctoral program is also required.

BIOGRAPHICAL INFORMATION

Name: _____

Last

First

Middle

Gender: Male _____ Female _____ Date of birth: _____ / _____ / _____

Current Address: _____

Street/Apt.

City, State

Zip Code

Telephone: _____ Cell/Other: _____

Academic Email Address: _____

Non-academic Email Address: _____

Permanent Address: _____

Street/Apt.

City, State

Zip Code

Telephone: _____

CAREER PLAN

PLEASE INDICATE FUTURE EMPLOYMENT INTEREST (Check only one):

____ Community College ____ Four-year (research emphasis) ____ Four-year (teaching emphasis) ____ Professional Faculty/Staff ____ Other (Indicate)

Describe how you plan to find employment in Illinois upon graduation.

Are you willing to relocate to other parts of the State of Illinois to accept full-time employment in a faculty or staff position? Yes ____ No ____

Diversifying Higher Education Faculty in Illinois 2025-2026 Renewal Application

Applicant Name _____

ACADEMIC PROGRESS SECTION

I am requesting continued funding toward the completion of the following degree in 2025-2026:

- ____ Doctorate-level (answer Doctoral section below)
____ Master's-level (answer Master's section below)
____ Master's/Doctorate combo (answer both sections below)

Grade Point Average: What is your overall grade point average in the graduate program for which you are funded? (Indicate scale if other than A = 4.0). **A minimum grade point average of 3.0** (scale 4.0 = A) is required to remain eligible for renewal funding. _____

Credit Hours Completed: As of the end of this year's spring semester/quarter, how many credit hours have you completed toward the graduate program for which you are funded? _____

Credit Hours Required: How many total credit hours are required to graduate in the program for which you are funded? _____

Doctoral-level degree seekers:

1. Date of entry into doctoral program (month/year): _____
2. Anticipated preliminary exam date (month/year): _____
3. Are you currently writing a dissertation? Yes ____ No ____
5. Anticipated defense date (month/year): _____
6. Will you have completed all requirements of your program, except the dissertation, before the fall semester 2025? Yes ____ No ____
7. Anticipated degree conferral date (month/year): _____

Master's-level degree seekers:

1. Date of entry into master's program (month/year): _____
2. Have you started writing a thesis or research paper? Yes ____ No ____ N/A ____
3. Anticipated degree conferral date (month/year): _____
4. Are you pursuing a terminal Master's degree? (i.e. MFA, MSW, etc.) Yes ____ No ____

RESEARCH & PROFESSIONAL DEVELOPMENT

Attach a CV/Resume that includes all items marked "Yes" in this section (required). Presentations and publications should be identified in complete bibliographic reference.

1. Have you conducted any research projects? Yes ____ No ____
If yes, include topics researched.
 2. Have you submitted a manuscript for publication? Yes ____ No ____
 3. If yes, have any been accepted for publication? Yes ____ No ____
If yes, reference all publications/manuscripts, including those in review.
 4. Have you attended a state/regional/national conference (other than DFI)? Yes ____ No ____
If yes, identify conferences attended, including title, sponsor, date(s), location, and theme.
 5. Have you received any academic honors for your graduate work? Yes ____ No ____
If yes, identify all honors received, including date and honoring agency/organization.
 6. Are you affiliated with any professional associations or organizations? Yes ____ No ____ (If yes include professional affiliations, offices held and years of membership).
 7. Are you currently working (teaching/administration) in your area of study? Yes ____ No ____
- (If 'Yes,' please explain). Yes ____ No ____

Diversifying Higher Education Faculty in Illinois 2025-2026 Renewal Application

Applicant Name _____

MENTOR/ADVISOR INFORMATION

Mentor's Name: _____

Mentor's Department: _____

Mentor's Telephone: _____

Mentor's Email: _____

APPLICANT CERTIFICATION

I certify that the information on this renewal application and the required attachments is correct. In the absence of this DFI renewal, I will not be financially able to pursue a graduate degree at this institution. I authorize release of this and other important information to verify my eligibility for the renewal of a DFI award. I agree to the conditions of the DFI renewal if one is offered and accepted. I understand that misrepresentation of any portion of this application may result in the cancellation of the financial award.

_____ I have completed the FAFSA for the 2025-2026 academic year and agree to provide a copy of my 2024 federal tax forms, if asked for them.

Applicant's Printed Name _____

Applicant's Signature _____ Date _____

PERMANENT CONTACT INFORMATION

Provide the name, address, telephone number, and email address of a person who does not reside with you and will always be able to contact you, should we be unable to reach you directly. (List a person that you assume will be at this address for approximately five years from this date.)

Name: _____

Last

First

Middle

Home Phone #: _____ Cell Phone #: _____

Address: _____

Street/Apt.

City, State

Zip Code

Email Address: _____

INSTITUTIONAL REPRESENTATIVE CERTIFICATION

As Institutional Representative, I certify that this student meets the criteria for renewal (satisfactory academic standing, progress toward degree completion, financial need) of the Diversifying Higher Education Faculty in Illinois (DFI) fellowship and is recommended to be awarded a DFI renewal Fellowship for 2025-2026. If any information is determined to be falsely reported or represented, it will result in the forfeiture of Fellowship funding.

Institution _____

DFI Institutional Representative (signature) _____

Date _____

**Diversifying Higher Education Faculty in Illinois
2025-2026 Renewal Application**

Applicant Name _____

Institutional Representatives

Please click on the link below for a complete list of DFI Institutional Representatives at:

<https://www.ibhe.org/dfiinstRep.asp>