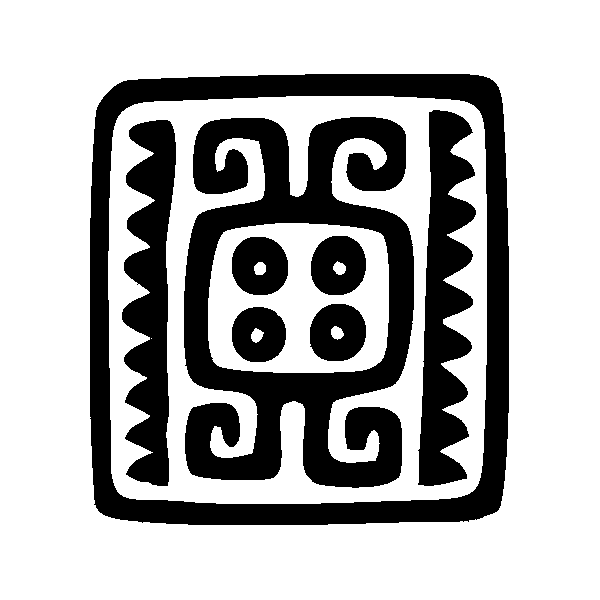
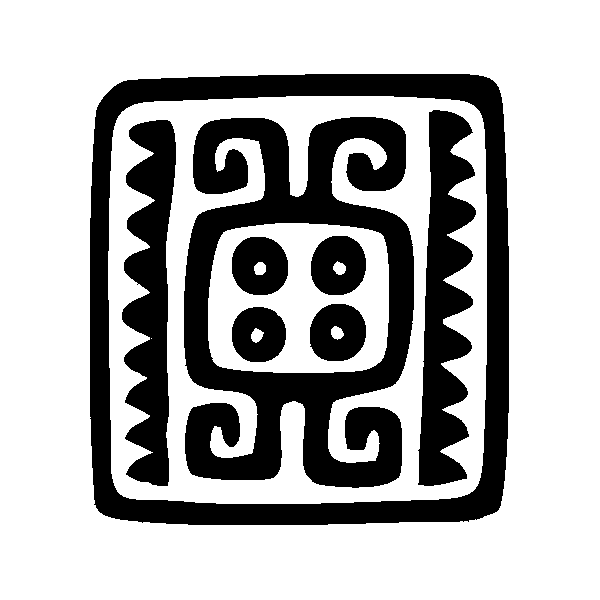
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#### MM

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The Trotter Institute

***BUILDING THE NEXT GENERATIONS OF LEADERS!***

#### 

**PERSONAL INFORMATION**

***Please write clearly.***

**Name** *(First, Last, Middle initial)***:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID #:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth** *(Month, Day, and Year)***:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ **Place of Birth: \_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone:** (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Availability for Off-Campus Filming** (# of hours / week) : \_\_\_\_\_\_\_\_\_

**Most common used email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Major(s):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Year in school:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expected Graduation Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade Point Average (G.P.A.):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***You must answer all questions and attach all of the following documents.***

***If necessary, you may attach additional pages.***

1. **Transcript:** Please submit a copy of your most recent unofficial transcript.
2. Please submit a copy of your **most recent résumé,** including information about community, university

organizations or activities you are involved in as well scholastic or academic honors, including scholarships, fellowships, prizes, or honor societies**.**

1. **Personal statement:** *(Maximum 2 pages, 12 font size, typed, double-spaced)*

A. Please describe briefly your personal background. Be sure to tell us more about the communities that you and your family are connected to.

B. In what ways could learning about storytelling and documentary filmmaking advance your personal and professional goals?

C. Comment on any experience you may have with Social Media. We do not require experience in these areas.

D. Select one of the policy areas listed on page 2 and share an anecdote that shows how it impacts you, someone you know, or someone in your community - whether positively or negatively.

Policy Areas:

* healthcare access
* political representation
* bilingual education
* immigration reform
* wages and unemployment
* access to higher education
* climate change

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THE LATINO/A LEADERSHIP OPPORTUNITY PROGRAM (LLOP)

1. **One Recommendation Form:** ***(Please see the attached recommendation forms)***

Please indicate the names of the UMB faculty who are submitting the recommendation forms on your behalf. The recommender must be a UMB faculty who you have taken a class with before.

**Faculty Name Department Date requested**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print your name) certify that all the information I have included on this application form and in any related documents is complete and accurate to the best of my knowledge.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**

**Please submit all application materials by *Monday, December 18, 2020 by 4:00 pm* to:**

**University of Massachusetts Boston**

**William Trotter Institute  
 MBK/UMB  
Healey Library, 10th FL**

**Phone:**[**617.287.5880**](https://www.umb.edu/trotter/tel.617.287.5880) **Fax: 617.287.5865**[**trotterinstitute@umb.edu**](mailto:trotterinstitute@umb.edu)

**Contact Person: Tony Martin**

**Email: anthony.martin002@umb.edu Phone: 857-261-2709**

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**APPLICATION FORM: Spring Semester 2021**

**Applicant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check List**

**(Please check-off the documents you have submitted with this application form)**

**1. \_\_\_\_\_\_\_ Completed Application Form**

**2. \_\_\_\_\_\_\_ Personal Statement**

**3. \_\_\_\_\_\_\_ Copy of most recent official transcript**

**4. \_\_\_\_\_\_\_\_ Copy of your Résumé**

**5. \_\_\_\_\_\_\_** **Two Recommendation Forms**

**For office use only:**

**Application was received on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**WAIVER AND RECOMMENDATION FORM**

**Spring Semester 2021**

**Recommendation forms must be received by Friday, December 18, 2020 by 4:00pm.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICANT INFORMATION:** *(To be filled out by the applicant)*

**Applicant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Graduation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Last, First, Middle)*

**Applicant’s current address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***The applicant should check-off only one of the following statements:***

**The MBK/UMB Advisory Committee shall hold this recommendation form being requested in complete confidentiality.**

*\_\_\_\_ I hereby waive any rights to examine the recommendation forms.*

*\_\_\_\_ I do not waive my rights to examine the recommendation forms.*

**Applicant’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please give this form to the recommender.***

**RECOMMENDER INFORMATION:** *(To be filled out by the recommender)*

**Recommender Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title/Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to the applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **How long have you known the applicant?** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing the completed recommendation form:**

Please seal this recommendation form in an envelope. Please write the name of the applicant on the front of the envelope and sign your name across the seal. Return the signed, sealed envelope to the applicant well before the indicated deadline (Friday, December 18, 2020). If you do not want to return the recommendation form to the applicant, you can send it to the address below.

My Brother’s Keeper – UMASS Boston

#### MM

**WAIVER AND RECOMMENDATION FORM**

**Spring Semester 2021**

**Recommendation forms must be received by Friday, December 18, 2020 by 4:00pm.**

1.) **How do you feel the applicant rates in the following categories: *(Please check-off those categories that apply)***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Good** | **Average** | **Poor** | **Unable to judge** | **Comments:** |
| **Analytical Skills** |  |  |  |  |  |  |
| **Problem-Solving Skills** |  |  |  |  |  |  |
| **Oral**  **Communication Skills:** |  |  |  |  |  |  |
| **Written Communication Skills:** |  |  |  |  |  |  |
| **Interpersonal Skills:**  **Peers/Co-Workers** |  |  |  |  |  |  |
| **Interpersonal Skills:**  **Teachers/Supervisors** |  |  |  |  |  |  |
| **Leadership Potential** |  |  |  |  |  |  |
| **Initiative/Motivation** |  |  |  |  |  |  |
| **Punctuality** |  |  |  |  |  |  |
| **Adaptability** |  |  |  |  |  |  |
| **Perseverance** |  |  |  |  |  |  |
| **Creativity** |  |  |  |  |  |  |
| **Organizational Skills** |  |  |  |  |  |  |
| **Ability to work independently** |  |  |  |  |  |  |
| **Ability to work with others** |  |  |  |  |  |  |
| **Responsibility/Maturity** |  |  |  |  |  |  |
| **Overall potential for the MBK** |  |  |  |  |  |  |
| **Other:** |  |  |  |  |  |  |

2.) **Do you consider the applicant’s achievements thus far to be true indication of his/her ability? \_\_\_\_\_\_ Yes \_\_\_\_\_\_No**

3.) **Summary Evaluation: Please indicate your overall recommendation for this applicant to My Brother’s Keeper.**

**\_\_\_ Highly recommended \_\_\_ Recommend \_\_\_ Recommend with reservation \_\_\_ Do not recommend**

My Brother’s Keeper – UMASS Boston

#### MM

**WAIVER AND RECOMMENDATION FORM**

**Spring Semester 2021**

**Recommendation forms must be received by Friday, December 18, 2020 by 4:00pm.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICANT INFORMATION:** *(To be filled out by the applicant)*

**Applicant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Graduation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Last, First, Middle)*

**Applicant’s current address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***The applicant should check-off only one of the following statements:***

**The MBK/UMB Advisory Committee shall hold this recommendation form being requested in complete confidentiality.**

*\_\_\_\_ I hereby waive any rights to examine the recommendation forms.*

*\_\_\_\_ I do not waive my rights to examine the recommendation forms.*

**Applicant’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please give this form to the recommender.***

**RECOMMENDER INFORMATION:** *(To be filled out by the recommender)*

**Recommender Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title/Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to the applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **How long have you known the applicant?** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing the completed recommendation form:**

Please seal this recommendation form in an envelope. Please write the name of the applicant on the front of the envelope and sign your name across the seal. Return the signed, sealed envelope to the applicant well before the indicated deadline (Friday, December 18, 2020). If you do not want to return the recommendation form to the applicant, you can send it to the address below.

My Brother’s Keeper – UMASS Boston

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**WAIVER AND RECOMMENDATION FORM**

**Spring Semester 2021**

**Recommendation forms must be received by Friday, December 18, 2020 by 4:00pm.**

1.) **How do you feel the applicant rates in the following categories: *(Please check-off those categories that apply)***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Good** | **Average** | **Poor** | **Unable to judge** | **Comments:** |
| **Analytical Skills** |  |  |  |  |  |  |
| **Problem-Solving Skills** |  |  |  |  |  |  |
| **Oral**  **Communication Skills:** |  |  |  |  |  |  |
| **Written Communication Skills:** |  |  |  |  |  |  |
| **Interpersonal Skills:**  **Peers/Co-Workers** |  |  |  |  |  |  |
| **Interpersonal Skills:**  **Teachers/Supervisors** |  |  |  |  |  |  |
| **Leadership Potential** |  |  |  |  |  |  |
| **Initiative/Motivation** |  |  |  |  |  |  |
| **Punctuality** |  |  |  |  |  |  |
| **Adaptability** |  |  |  |  |  |  |
| **Perseverance** |  |  |  |  |  |  |
| **Creativity** |  |  |  |  |  |  |
| **Organizational Skills** |  |  |  |  |  |  |
| **Ability to work independently** |  |  |  |  |  |  |
| **Ability to work with others** |  |  |  |  |  |  |
| **Responsibility/Maturity** |  |  |  |  |  |  |
| **Overall potential for the MBK** |  |  |  |  |  |  |
| **Other:** |  |  |  |  |  |  |

2.) **Do you consider the applicant’s achievements thus far to be true indication of his/her ability? \_\_\_\_\_\_ Yes \_\_\_\_\_\_No**

3.) **Summary Evaluation: Please indicate your overall recommendation for this applicant to My Brother’s Keeper.**

**\_\_\_ Highly recommended \_\_\_ Recommend \_\_\_ Recommend with reservation \_\_\_ Do not recommend**