



P.O. BOX 6037 / BEVERLY HILLS, CA 90212 / 323-424-4939 / WWW.PENUSA.ORG

PEN IN THE CLASSROOM RESIDENCY APPLICATION / 2011-12

APPLICANT'S FULL NAME: _____

SSN: _____

WHAT TYPE OF RESIDENCY INTERESTS YOU?

Academic Community
 Other _____

WHICH SEMESTER ARE YOU APPLYING FOR?

Fall (Aug-Dec) Spring (Jan-Apr) Other

HOW DID YOU HEAR ABOUT PEN IN THE CLASSROOM (PITC)?

Are you a current member of PEN Center USA? Yes No

PART I: PERSONAL INFORMATION

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Current Occupation: _____

Company/Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

May we contact your employers for a professional reference? Yes No

Name of Office Contact: _____ Phone: _____

PART II: EDUCATION & IDENTITY

Please list all post-secondary institutions you have attended below. Please be advised, PEN Center USA may request official academic transcripts as part of the application process.

School/College	Location	Dates Attended	Degree Earned
School/College	Location	Dates Attended	Degree Earned
School/College	Location	Dates Attended	Degree Earned

Ethnic Background (optional):

PEN in the Classroom serves schools across the western states, some in underserved neighborhoods. Ethnicity information collected by PEN Center USA is confidential.

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Caucasian (excluding Spain & Portugal) |
| <input type="checkbox"/> African American | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Hawaiian or Part-Hawaiian | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Indian Subcontinent | <input type="checkbox"/> Mixed Ethnic Background |
| <input type="checkbox"/> Mixed Hispanic | <input type="checkbox"/> Mixed Asian and/or Pacific Islander |
| <input type="checkbox"/> African | <input type="checkbox"/> Other: _____ |

PART III: WRITER PROFILE & TEACHING EXPERIENCE

Briefly describe your writing background. Note major publications, awards, and honors.

Areas of Specialization: Please mark all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Fiction | <input type="checkbox"/> Screenplay |
| <input type="checkbox"/> Poetry | <input type="checkbox"/> Proofing |
| <input type="checkbox"/> Nonfiction | <input type="checkbox"/> Criticism |
| <input type="checkbox"/> Editing | <input type="checkbox"/> Journalism |
| <input type="checkbox"/> Drama / Playwriting | <input type="checkbox"/> Translations |
| <input type="checkbox"/> Children's Literature | <input type="checkbox"/> TV Writing |
| <input type="checkbox"/> Graphic Novels | <input type="checkbox"/> Business Writing |
| <input type="checkbox"/> Songwriting | <input type="checkbox"/> Mixed Media |
| <input type="checkbox"/> Other: _____ | |

Are you fluent in a foreign language? If yes, please describe: _____

Do you have relevant teaching experience? If yes, please describe: _____

Do you have relevant volunteer experience? If yes, please describe: _____

PART IV: SHORT RESPONSE

Why are you applying for a PITC Residency? _____

If you're applying for a Community Residency, please explain the nature of the project and, considering the demographic of your potential students, explain why you think you are a good choice, based on their needs.

PART V: REFERENCES

Reference #1: Relevant Work Related Reference

Full Name (Mr. Ms. Mrs. Dr./Title): _____
Company/Organization: _____
Business Phone: _____
Home Phone: _____
Relationship: _____

Reference #2: Personal Reference

Full Name (Mr. Ms. Mrs. Dr./Title): _____
Company/Organization: _____
Business Phone: _____
Home Phone: _____

Relationship to you: _____

Reference #3: Personal Reference

Full Name (Mr. Ms. Mrs. Dr./Title): _____

Company/Organization: _____

Business Phone: _____

Home Phone: _____

Relationship to you: _____

BACKGROUND CHECK

We will be conducting a full background check on each applicant, which includes a cross-referencing on national sex offender registries, as required by our insurance company. Do you give us permission to conduct a full background check on you?

Yes No

PART VI: SIGNATURE

I acknowledge that this application becomes the property of PEN Center USA. To the best of my knowledge, the statements made on this application are true and complete, and I have withheld nothing, which would, if disclosed, reflect adversely on my application.

Signature: _____

Full Name: _____

Date: _____

FOR OFFICE USE ONLY:

Application Received On:

Application Was Processed By:

Fingerprinting Complete: Yes No

Background Check Complete: Yes No

Applicant Follow Up: