

Korea Foundation Graduate Teaching Assistantship Funding Application

1. Applicant

Name of Institution:			
Applying Unit (e.g. Department):			
Applicant name	Rank/Title	E-mail Address	
Phone number:		Fax:	
Mailing Address:			

2. Program status

Korean language courses offered (List all):		
Course # and Title	Average enrollment	How often offered?
Korean language instructor(s) (List all):		
Name:	Title/Rank (e.g. Grad TA, part/full time lecturer, faculty)	
Explain special circumstances and needs of the program.		

3. How will the funding be used?

Amount of the funding requested (up to \$10,000)	\$
Rate of the stipend (e.g. hourly, per semester/quarter, per academic year)	
Responsibility of the instructor funded	

4. Commitment/Future plan of the institution to the Korean language program

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5. Administrative approval of the application:

Name and Title/rank	
Signature: _____ Date: _____	