



NATIONAL DEFENSE UNIVERSITY
CENTER FOR THE STUDY OF WMD
COUNTERING WEAPONS OF MASS DESTRUCTION
GRADUATE FELLOWSHIP PROGRAM

CWMD Graduate Fellowship Program Application -- Checklist

Please confirm you have completed all of the required steps to apply to the CWMD Graduate Fellowship Program by completing this page and signing at the bottom. Please include the signed document as the last page of your application.

I have completed and/or assembled the following items and combined them into a single PDF file.

Data Sheet

Resume

Personal Statement

Letter of Recommendation

Official Transcripts

Supervisor's Certification

I have completed and saved the Standard Form 182.

I will email my complete application to CWMDFellowship@ndu.edu by midnight on 22 March 2021.

I certify that the attached personal statement are exclusively my own work.

I understand that plagiarism of any kind, to include representing the written work of another as one's own, is strictly forbidden in the Countering WMD Graduate Fellowship Program, as it is in most other academic and research endeavors. As such, for the Countering WMD Graduate Fellowship Program, documented plagiarism may result in severe administrative penalties, to include disenrollment from the Program, recoupment of funds paid by the U.S. Government on behalf of the Program participant, and referral to the participant's supervisory chain for disciplinary action. I also understand that making a fraudulent statement or representation can also be punished, under 18 USC 1001, with a fine of up to \$10,000 and imprisonment up to five years.

I acknowledge I have completed and will submit all of the required pieces of the application in accordance with the instructions provided.

Signature

Date



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CWMD Graduate Fellowship Program Application - Data Sheet

Biographical Information

Salutation Last Name First Name Middle Name

Suffix Preferred Name

Employment Information

If applicable, please indicate the uniformed service to which you belong. (Service civilians should select the service for which they work.)

US Army US Air Force US Coast Guard
US Marine Corps US Navy Civilian / Not Applicable

Are you a member of a reserve? Are you a member of the National Guard

Yes No Yes No

Please indicate your rank or grade (or equivalent)

GS-9 GS-11 GS-12 GS-13 GS-14 GS-15 O-3 Other, please explain:
O-4 O-5 O-6 WO2 WO3 WO4 WO5

Job Title Office Agency / Organization

Reserve / National Guard Employment Information (Please fill out only if you indicated you are a member of the Reserves or National Guard in the section above.)

Please indicate the uniformed service to which you belong.

Please indicate your rank:

US Army US Air Force US Coast Guard
US Marine Corps US Navy

Job Title Office Agency / Organization

Data Sheet -- Page 2 of 2

Education Information: Please list your most recent degree(s), up to three degrees, in reverse chronological order

Degree #1

Degree (ex. BA, MS, PhD)	Year Awarded	Institution	Major	GPA
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Degree #2

Degree (ex. BA, MS, PhD)	Year Awarded	Institution	Major	GPA
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Degree #3

Degree (ex. BA, MS, PhD)	Year Awarded	Institution	Major	GPA
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Contact Information

Work Email	Work Phone
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Home Email	Home Phone
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Preferred Email	Preferred Phone
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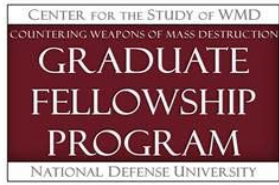
Work	Work
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Home	Home
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Home Mailing Address	Work Mailing Address
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Additional Information

How did you hear about this program? (i.e., Alumni, Supervisor, HR, CSWMD E-mail, Social Media, Website, Web Search, etc.



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CWMD Graduate Fellowship Program Application -- Personal Statement

Please answer the three Personal Statement questions listed on the instruction page. (Limit: 500 words)

| Applicant's Name:



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CWMD Graduate Fellowship Program Application -- Supervisor's Certification

Message to Applicant's Supervisor: (Please read carefully)

On behalf of the Assistant Secretary of Defense for Nuclear, Chemical, and Biological Defense Programs (ASD(NCB)), thank you for your support of this unique developmental program for national security professionals. Our commitment to you is that, as you support the applicant's full participation in this demanding program, you will gain an employee who possesses a truly comprehensive understanding of WMD issues, greatly enhanced written communication and reasoning skills, and the necessary tools to better serve your organization and the Nation as a national security professional.

We trust that you are recommending an applicant who:

- Merits your highest, unqualified recommendation,
- Has the potential for significant future service in support of the Nation's security goals,
- Has your support to attend classes, either remotely or at the Missouri State University (Fairfax, Virginia Campus) or National Defense University (Washington, DC), two nights each week from 1800 to 2100 (Washington, DC local time),
- Has your support to attend the mandatory week-long CWMD Graduate Fellows Colloquium in August.

IMPORTANT: We recognize that, in very rare cases, a CWMD Graduate Fellow may be required to terminate the program early to meet extraordinary contingency requirements in support of urgent national security objectives. Should this become necessary, you acknowledge by your signature below that you will certify this necessity by providing the CWMD Graduate Fellowship Program Director with a letter from the first general/flag officer or equivalent in the supervisory chain, attesting to the unavoidable nature of the applicant's early termination from this fully-funded program.

Supervisor's Certification:

I certify that:

1. I am the applicant's immediate supervisor.
2. I have reviewed the applicant's application.
3. The applicant has discussed with me time commitments required for the program including:
 - The need for an official travel schedule adjusted to facilitate class attendance,
 - Attendance at evening classes, usually two nights per week,
 - Attendance at the week-long mandatory CWMD Graduate Fellows Colloquium in August.
4. I am the person who principally regulates and has authority to adjust the applicant's work schedule.
5. I approve the applicant's application for and, if selected, will fully support the applicant's full participation in the Countering WMD Graduate Fellowship Program.
6. In the event the applicant becomes required to terminate the program early to support extraordinary operational contingencies, I will document the same with a letter as described above.

Supervisor's Signature

Supervisor's Printed Name

Supervisor's Title

Date

Applicant's Name