

DELORES A. AUZENNE FELLOWSHIP APPLICATION FORM

The Delores A. Auzenne Fellowship Program is sponsored by the State University System and is designed to encourage minority students to pursue graduate degrees in areas in which they are historically underrepresented at FAU. These areas include, but are not limited to: Engineering, Mathematics, Computer Science, Economics, and Psychology. The amount of funding is \$5,000 for one academic year of full-time study. Applicants must be enrolled as regular, full-time, degree-seeking graduate students **or** have been accepted for study in a graduate degree program at Florida Atlantic University. Completed application forms and supporting documentation must be delivered to the Graduate College by **Friday, May 4, 2018** in order to be considered.

Name: _____ Z Number: _____
Last First M.I.

Home Address: _____
Street City State Zip

Primary Telephone: (____) _____ Alternate Telephone: (____) _____

E-Mail Address: _____ Anticipated Graduation Date: _____

Eligibility:

____ I am a U.S. Citizen ____ I am a Permanent Resident

Please check minority category:

____ African-American ____ Asian or Pacific Islander

____ Hispanic ____ Native American

____ Other (Please specify: _____)

Degree Sought: ____ Master's ____ Doctoral ____ Specialist

Major: _____ Grade Point Average: _____ (3.50 required)

Number of credit hours completed in graduate degree program: _____

Number of credit hours remaining: _____

Do you have an approved Plan of Study on file with the Graduate College? ____ Yes ____ No

I am applying:

____ for the first-time. Semester accepted for admission: _____

____ for a renewal. List previous semesters of support: _____

I am requesting support for: ____ fall semester ____ spring semester ____ both fall and spring

DELORES A. AUZENNE FELLOWSHIP APPLICATION FORM, PAGE TWO

Are you currently receiving another fellowship/scholarship/grant/assistantship? _____ No _____ Yes

If yes, please provide funding information and dates: _____

Career Goals/Objectives:

I authorize the release of this application and any relevant supporting information to persons involved in the selection of fellowship recipients. I understand that continued eligibility for the fellowship is based on maintaining satisfactory academic progress each semester.

Applicant's Signature

Date