

**NEWELL DOCTORAL FELLOWSHIP APPLICATION FORM**

The Dr. Daniel B. and Aurel B. Newell Doctoral Fellowship was created through a gift from the late Mrs. Aurel B. Newell. The fellowship program provides \$5,000 for one academic year of study to outstanding doctoral students with financial need. Applicants must also complete a Free Application for Federal Student Aid (FAFSA). Recipients may reapply and be considered for a second year of funding. Completed application forms and supporting documentation must be delivered to the Graduate College (Attention: Jordan Parks) 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: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Major: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_ (3.70 required)

Anticipated Graduation Date: \_\_\_\_\_

Do you hold a master's degree?

No

Yes Granting institution: \_\_\_\_\_ Degree completion date: \_\_\_\_\_

Number of credit hours completed in doctoral degree program: \_\_\_\_\_

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

I have completed a FAFSA for the upcoming academic year:  Yes  No

I am applying:

For the first-time  For a second year of funding

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

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

If yes, please provide funding information and dates: \_\_\_\_\_

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**Career Goals/Objectives:**

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**Professional/Educational/Community Involvement:**

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**Statement of Financial Need (means of support, extenuating circumstances, etc.):**

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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.

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**Applicant's Signature**

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**Date**