

Fellowships and Scholarships Information Request Form

Name _____ Today's date ____/____/____

Local Address _____

City _____ State _____ Zip _____

Person number _____ E-mail address _____

Phone: (_____) _____ - _____ (home / work / cell / pager / other {please circle one})

Are you a U.S. Citizen: Yes No, I am _____

Academic level: Fr So Jr Sr Ma Ph.D Professional Degree

Anticipated graduation date: _____ GPA: _____

Major (s): _____ Minor(s): _____

Principal Faculty Advisor or Mentor: _____

Career Goals: _____

Awards and Honors Received: _____

Research Experience/Projects (please describe): _____

COOP/Internship Experience (please describe): _____

What Fellowships/Major Scholarships would you like more information about?

Are you interested in pursuing a graduate program overseas? If yes, what country?

Please complete this form and schedule an appointment to meet with Elizabeth Colucci in the University Honors College.

