



Supplementary Fellowship Information
(optional form for US Citizens and US permanent residents only)

Applicants who wish to be considered for merit-based diversity fellowships are requested to complete the following information.

Term for which you are applying

Fall 2006

Winter 2006

Spring 2006

Proposed Department /Program _____ Degree Objective Master's PhD

Name _____ US Social Security Number _____
Legal family name (surname) First name Middle Name

Current Address _____
Street, city, state, zip or country use until telephone

Permanent Address _____
Street, city, state, zip or country use until telephone

Present Occupation:		Monthly income:
Spouse's full name and occupation:		Monthly income:
Number of dependent children:	Number of dependent adults:	
Primary language used at home:	Number of siblings in your family:	
Number of siblings who have attended college:	Number of siblings currently in college:	
Occupation of parent or guardian:	Highest grade completed (degree?):	
Occupation of other parent or guardian:	Highest grade completed (degree?):	
Institution from which your bachelor's degree was/will be awarded:		
Attended inner-city high school or impoverished high school yes no		
_____ was raised by single parent or _____ is currently a single parent		

- Please provide a summary of your work history while in school (the dates of full- or part-time employment and the hours per week).

- What are your long-term career goals? Specifically, do your academic research interests focus on cultural, societal or educational problems as they might affect educationally disadvantaged segments of society? Please explain.

- Briefly explain any experience of situations or conditions that may have been an impediment to your advancement to graduate study, such as the absence of a family member who attended college; matriculation at a school or schools with poor financial or curricular support; having a physical or learning disability; or having worked long hours while attending school.

I have reviewed the application carefully to be certain all questions have been answered in full. I certify that the above information is true and complete.

Signature

Date