

FCBE Graduate Scholarship & Fellowship Application

Name of Scholarship: _____

Biographical Information

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

UUID# or SSN _____ Gender _____ Race _____

Date of Birth _____ County of residence _____

US citizen? Yes _____ No _____ For fee-paying purposes are you a Tennessee Resident? Yes _____ No _____

E-mail address _____ Phone () _____

Relatives who have attended the University of Memphis: _____

Undergraduate Degree Information

Name of College or University _____ Graduation Date _____

City _____ State _____ Country _____

Major _____ Overall GPA _____ Major GPA _____

Graduate School Information

Degree you're pursuing at The University of Memphis _____ Concentration _____

Cumulative GPA _____ Hours earned _____ GMAT Score _____ GRE Score _____

Number of hours registered for in fall _____ Number of hours registering for in spring _____

Planned Occupation or Profession _____ Expected Graduation Date _____

Honors, Awards and Activities

Please list any honors or awards you have received, as well as any academic activities (e.g. business fraternities, student organizations) you are involved in:

Employment Information*** Please attach your resume to this application**

If you are not currently employed please skip to next section.

Place of employment _____ Dates of Employment _____

Address _____ City _____ State _____ Zip _____

Position _____ Number of hours per week _____

Immediate Supervisor _____ Phone () _____

Financial Assistance

Have you received graduate scholarships or fellowships at the U of M? Yes _____ No _____ If yes, name of the scholarship(s) or fellowship(s) you have received and when?

Name of Scholarship _____ When _____

Name of Scholarship _____ When _____

Name of Scholarship _____ When _____

Do you receive any other type of financial aid at this time? Yes _____ No _____ If yes, please list the aid you receive:

Certification

I understand the procedures for admission outlined in this application. To the best of my knowledge, the information provided in this application is valid and omissions have not been made. I acknowledge that if an omission has been made, I may forfeit my eligibility for FCBE scholarship consideration in this award year as well as subsequent semesters. I give permission for information to be given to appropriate committees so that they may recommend eligible recipients. I give permission for my application to be released to a scholarship sponsor. I am aware that scholarship recipients will be asked to write thank you notes to donors, to attend special University events, and to participate fully in the University community

Signature of applicant _____ Date _____

Applications for scholarship are processed without regard to sex, age, race, color, creed, national origin or physical handicap. In 1987 and later years scholarship benefits are considered to be taxable income to the recipient.

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