APPLICATION FOR GRADUATE STUDENT SCHOLARSHIP
(Students on a departmental assistantship are not eligible for funding through this application)

Application deadlines:
Fall term funding: April 1
Spring term funding: October 1

1. Term for which you are applying for scholarship (check one):

   Fall  Spring

   Year:______________

2. Personal information

   Last name:_________________________  SID#:_________________________

   First name:_________________________  Middle initial:__________

   Permanent mailing address:__________________________________________

   City:_________________________  State:_________  ZIP:__________

   Telephone number:__________________________

   University of Arizona email address:

   ________________________________________________________________

   __________________________________________________________________

3. Which program are you enrolled in? (check one):     MAE     MS

4. Number of hours completed in your degree program:

5. Current cumulative graduate GPA:_____________ (minimum of 3.0 required)

6. Number of hours enrolled in term for which you are applying for scholarship:

7. Anticipated graduation (term/year):__________________________
8. List other financial aid sources you have secured (source/amount):


9. How much of your personal finances, including gifts, will you contribute to your education in the term for which you are applying for scholarship? (indicate dollar amount)


10. List professional and campus memberships you are affiliated with:


11. What leadership roles have you held in the last two years?


12. You must have a Plan of Study submitted in order to apply for graduate scholarship if you have more than nine credits in your degree program. Obtain advisor certification for this requirement.

   Advisor: You are certifying that the student meets one of the following requirements:
   a) Has completed no more than nine credit hours in the degree program, OR
   b) Has submitted a Plan of Study to the Graduate College

   Signed (advisor):


13. I certify the information submitted in this application is true and complete to the best of my knowledge. I understand that if I have provided false information, I may not be eligible for future graduate student scholarship from the Department of Agricultural Education.

   Signed (student):

   Date:


14. Print the completed application, obtain the necessary signatures and submit to: Dr. Ryan Foer, Director of Graduate Studies, Room 205 Saguaro Hall, by the respective deadline above.