

African-American Graduate Fellowship Application
Eastern Kentucky University
Office of Graduate Education & Research
SSB 310, CPO 68
521 Lancaster Avenue
Richmond, KY 40475-3168

(Please Print)

Name: _____
First Middle Last

SS.#: _____ - _____ - _____

Current Address: _____
Street City State Zip

Current Phone #: (____) _____ - _____

Permanent Address: _____
Street City State Zip

Permanent Phone #: (____) _____ - _____

Graduate Program: _____
Please list type of degree and program name

Fellowship is requested for the following:

Course: _____
Course Number and Title

Semester and Year: _____
Semester Year

Total hours enrolled for semester given above: _____

Have you previously received this fellowship? _____ Yes _____ No

If Yes, when? _____
Semester and Year of most recent award

- Fellowship is available for part-time or non-degree in-state students
- Available for \$500.00 towards one graduate level course per semester
- Available for Fall & Spring semesters
- Fellowship can not be awarded if EKU faculty/staff scholarship is being used for the same course. Students using both the fellowship and faculty/staff scholarship must be enrolled in a minimum of six hours of coursework.

Official Use Only:

Number of hours registered for semester applying for: _____ Degree or Non-degree Program (circle one)

Ethnic: _____ Residency: In-State or Out-State (circle one)

Approved for \$500.00: Yes or No If not approved for \$500.00 list reason: _____

Approved Fellowship: _____ Disapproved Fellowship: _____ (if not approved list reason: _____)

Graduate Dean Signature and Date

Date sent to Financial Assistance Office: _____