

Application For Graduate Fellowships for Oberlin College Alumni

1. Name: _____ Class: _____

Present Mailing Address: _____

Email address: _____

Telephone and times of day when you can be reached: _____

Fax number, if available: _____

2. Current educational status: _____

Citizenship, if other than U.S.: _____

Marital status: _____ Children (if any): _____

Current occupation of applicant (and spouse, if any):

3. Names and address of people asked to submit recommendations in support of the application:

a. _____ b. _____

4. Transcripts, which will be provided in support of the application:

a. _____ b. _____
c. _____ d. _____

5. Financial information: Since financial need governs part of the Selection Committee's decision, this section must be completed.

a. Applicant's financial summary:

1. Annual income: _____

2. Sources(s): _____

3. Personal Assets: _____

4. Personal Indebtedness: _____

5. Other extraordinary expenses incurred (i.e., financing sibling education): _____

b. Are your parents currently claiming you as a tax exemption? ___yes___no
Regardless of your answer, please complete the following section. Thank you.

Parent's net annual income before taxes: _____
Parent's extraordinary expenses which may modify their capacity for providing support:

c. Itemize the total financial resources available for the proposed project:

From income: _____ 2. From assests: _____

From parents: _____ 4. From Veterans' benefits _____

From other sources: _____ 6. TOTAL: _____

d. Itemize the total anticipated expenses for the proposed project:

Tuition: _____

Room and Board: _____

Materials: _____

Travel: _____

Miscellaneous: _____

TOTAL: _____

e. Total amount of assistance requested: _____

6. Have you previously received an Alumni Fellowship? ___yes___no

7. List other applications for assistance that have been or will be filed

NOTE: Applicants are required to notify the Fellowship Committee of the General Faculty immediately upon notification of an award from any agency. The Committee considers applicants for whichever grants they are eligible. Candidates may indicate a preference for particular funds if they wish.

Fund requested (Optional): _____

Signature: _____ Date: _____

PLEASE RETURN TO THE FELLOWSHIP COORDINATOR'S OFFICE, PETERS HALL, G-28, OBERLIN COLLEGE, OBERLIN, OH 44074 NO LATER THAN FEBRUARY15 OF THE YEAR IN WHICH THE APPLICATION IS FILED.