

Complete the following sections:

Fellowship Information:

Have you ever applied for an EOF? Yes No

If yes, indicate academic year: _____

Have you ever received an EOF? Yes No

If yes, indicate academic year: _____

Academic Information:

Have you been officially admitted to an IU graduate degree program? Yes No

If yes: _____
School Department Degree

If no, which program are you applying to?

_____ School Department Degree

Do you currently have any incomplete grades? Yes No

If yes, list department(s) and course(s)

Indicate the number of credit hours you plan to complete each of the semesters listed below:

Summer 2010: _____ Fall 2010: _____ Spring 2011: _____

Financial Information:

Indiana Residency Status for fee paying purposes (tuition):

In-state fees Out of state fees

Was a FAFSA completed in 2009-10? Yes No

Will a FAFSA be completed in 2010-11? Yes No

List any financial assistance that you have applied or have been awarded for the 2010-11 academic year or the 2011 summer session. (Include scholarships, fellowships, assistantships, grants, work-study or guaranteed student loans)

Source	Amount	Awarded
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Financial Information:

Spouse/Domestic Partner name: _____

Will your spouse/domestic partner be enrolled as a student in AY 2010-11? Yes No

If yes, in what degree plan?

Graduate studies Professional studies
 Undergraduate studies Continuing non-degree

If yes, how many hours ?

Summer 2010: _____ Fall 2010: _____ Spring 2011: _____

Spouse/partner will pay: In-state fees Out of state fees

Do you have dependents? Yes No

Number and ages of dependents: _____

Do you provide dependent support? Yes No

Other financial obligations: _____

Certification:

As a condition of receiving the EOF, I accept the responsibility to understand the procedures and policies of this award:

I understand that EOF is designed to assist graduate students experiencing acute financial need with limited or no other financial support. I will notify The University Graduate School of all financial support. *If other awards are of greater value, the EOF will be cancelled in order to receive the larger award.*

I will use the EOF only for payment of required fees, room and board, books and supplies, and related educational expenses.

I may be asked to have a picture taken that will be used by the University Graduate School to promote its outstanding graduate students. The picture may be included on the Graduate School's web page or other press releases. I may request to be excluded from inclusion on the web page or other press releases.

I certify that the above information is true and correct. I understand that if I knowingly make a false statement on this application, I will be liable for any funds received.

Signature

Date

Return this application form to your departmental graduate office by January 15, 2010.