



INDIANA UNIVERSITY

THE UNIVERSITY GRADUATE SCHOOL

2015-2016

Educational Opportunity Fellowship

First Name:	Last Name:
Student ID (not SSN):	Program:

Fellowship Information:

Have you ever applied for an EOF? _____

If yes, indicate academic year: _____

Spouse/partner will pay: _____

Do you have dependents? _____

Number and ages of dependents: _____

Do you provide dependent support? _____

Academic Information:

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

Fall 2015: _____

Spring 2016: _____

Summer 2016: _____

Other financial obligations: _____

Certification:

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

Financial Information:

Will a FAFSA be completed in 2015-2016? _____

List any financial assistance that you have applied for or been awarded for the 2015-2016 academic year or the 2016 summer session. (Include scholarships, fellowships, assistantships, grants, work-study or guaranteed student loans)

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.*

Source	Amount	Awarded?

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 posted on the Graduate School's web page or other press releases.

Additional Financial Information:

Spouse/domestic partner name: _____

Will your spouse/domestic partner be enrolled as a student in AY 2015-2016? _____

If yes, in what degree plan? _____

If yes, how many hours? _____

Fall 2015: _____

Spring 2016: _____

Summer 2016: _____

If selected, I wish 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.

Initials: _____

Student Deadline:

Students must contact their school/department for deadline. All award and fellowship nominations must be submitted by your school/department. We will not accept any self-nominations.

