

REGENTS GRADUATE/PROFESSIONAL FELLOWSHIP APPLICATION

| SECTION A | | To be completed by the student applicant | |
|--|---|---|--|
| 1. Name | 2. Last four digits of Social Security Number | | |
| 3. Permanent Home Address - Number and Street | | | |
| City | | County | |
| State | Zip Code | Telephone | |
| 4. Date of Birth (Month/Day/Year) | | 5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| 6. Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African-American <input type="checkbox"/> Other Race _____ (Specify) <input type="checkbox"/> White/Caucasian | | | |
| 7. Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 8. Have you been an Ohio resident for the last 12 consecutive months? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name of the Ohio institution of higher education in which you plan to be enrolled in the 2009-2010 academic year <i>(Attach a copy of your application for admission to graduate or graduate professional study.)</i> | | | |
| 10. Date you expect to begin full-time study. | | | |
| 11. Indicate below which graduate or professional examination scores are reported and attach a copy of the official score report and percentile ranking. <input type="checkbox"/> NONE REQUIRED <input type="checkbox"/> GRE <input type="checkbox"/> LSAT <input type="checkbox"/> MCAT <input type="checkbox"/> GMAT <input type="checkbox"/> Other _____ | | | |
| I affirm that the information reported in this section is accurate and true to the best of my knowledge, and I authorize the release of this information to institutions which participate in the Regents Graduate/Professional Fellowship Program. | | | |
| _____ | | _____ | |
| <i>Student's Signature</i> | | <i>Date</i> | |

SECTION B To be completed by the appropriate college or university official

12. Institution Name

13. Institution Type

Public

Private

14. Date applicant's baccalaureate degree awarded

15. Undergraduate grade-point average

(Attach unofficial undergraduate transcript(s).
For students who have transferred colleges or universities, all previous transcripts must be used to calculate the total undergraduate grade-point average.)

16. Undergraduate Major

17. The campus based Review Committee ranks this fellowship candidate:

First Choice

Second Choice

Third Choice

This fellowship candidate is a minority student. (For purposes of this program, minority refers to students whose racial or ethnic group is American Indian, Alaskan Native, Black/African-American, or Hispanic/Latino.)

Yes

No

18. Please attach all required documentation.

I affirm that the information reported in this section is accurate and true to the best of my knowledge.

College or University Official *Date*

Provost or Principal Academic Officer *Date*

President *Date*