

Provost's Graduate Fellowship Application

Mail your completed application, postmarked no later than May 1, 2009 to the following address:

| Office of Graduate Studies Attn: Debra Perry Oregon Institute of Technology 3201 Campus Drive Klamath Falls, OR 97601 | | |
|---|----------|--------------|
| Name | | |
| OIT ID (if known) | | |
| Address | | |
| Phone | | |
| email | | |
| | | |
| Department | | |
| Name of program (major) | | |
| Name of faculty advisor (if known) | | |
| Title of proposed thesis or project | | |
| Tuition Classification: | Resident | Non-resident |
| Have you applied for financial aid? | Yes | No |
| Will you be receiving a departmental assistantship? | Yes | No |

Will you be recieving assistance from your employer? Yes

No

Educational Information (list undergraduate and graduate institutions)

| Institution Dates | Degree | GPA | | |
|--|------------------------------|----------|--|--|
| Institution Dates | Degree | GPA | | |
| Institution Dates | Degree | GPA | | |
| When do you plan to graduate? | | | | |
| Please respond to the following questions. Answers are limited to space provided. | | | | |
| How will you use your time at Oregon Institute of Technology during your fellowship? | | | | |
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| List awards, honors, or special recognition you leducation. | nave received during post so | econdary | | |

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| Why should you be considered over other applicants for this scholarship? | |
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| Is there anything else you would like us to know in evaluating your application | on? |
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| How did you learn about the Provost's Graduate Fellowship? | |
| Certification | |
| I have examined the information in the entire application and certify that all the information is true, complete and accurate to the best of my knowledge. | |
| I acknowledge that if I receive a scholarship, it will be paid directly to the Oregon Institute of Technology to defray educational costs. | |
| I hereby authorize the Oregon Institute of Technology to release all necessary information relative to me to the scholarship committee should I be considered for the scholarship. | |
| · | mm/dd/yyyy |
| Applicant's Signature | Date |