

Graduate Program in the Humanities
THE ARMSTRONG FELLOWSHIP PROGRAM
APPLICATION FOR 2011-2012

Personal Information

Name: _____
Last First Middle

Address: _____
Street City State Zip

Contacts: _____
Home Telephone Work Telephone UTD E-mail Address

Citizenship: U.S. Citizen Student ID Number: _____
Official State Residency: _____
 Other Citizenship: _____
 Permanent Resident of U.S. Registration Number: _____
 Student Visa

Ethnicity (for statistical purposes):
 White Non-Hispanic Black Non-Hispanic Hispanic
 Asian / Pacific Islander American Indian / Native American

Marital Status: _____ Number of Dependents: _____ Age(s) of Dependents: _____
Spouse's Name: _____ Occupation: _____

Academic Information

Current Status: Newly admitted From: _____
with Major: _____ and GPA _____
 Current student Entered program in _____
 Seeking M.A., M.F.A. or M.A.T.
Credit hours completed: _____
Language: _____ Requirement met? _____
 Seeking Ph.D. Credit hours completed: _____
Language: _____ Requirement met? _____
Qualifying Exams: Fields & Committee organized? _____
Exam itself passed? _____
Dissertation: Proposal accepted? _____

Letters of academic recommendation (if they are no older than two years, letters already on file in the Arts and Humanities Office are sufficient.) from: _____

Please indicate any publications, presentations, or awards (attach additional sheet if necessary):

Transcripts in your academic file will be available to the Armstrong Fellowship Committee.

Financial Information

Do you expect to hold a TAship during the tenure of an Armstrong Fellowship? _____
Do you qualify for a GSS to supplement the TA stipend? _____

Are you currently receiving financial aid through UTD? _____ Yes _____ No
Do you have outstanding education loans? No _____ Yes _____ Amount? _____

Are you currently employed off campus? No _____ Part-time _____ Full-time _____
Occupation _____
Monthly earnings: \$ _____

Actual dollars from any and all sources directly available to you for educational purposes during the next academic year:

Income per semester:		Expenses per semester:	
Wages:	\$ _____	Tuition & fees	\$ _____
Parental/spousal support	_____	Books	_____
TAship/scholarships	_____	Rent	_____
Savings	_____	Food	_____
Other	_____	Other	_____
TOTALS	_____		_____

Amount you wish to request from the Armstrong Fund: _____

Please describe how any unusual family or personal circumstances have affected your achievement in school, work experiences, or financial resources for further study:

I attest that all the information above is complete and accurate, to the best of my knowledge, and understand that providing false or misleading information may disqualify me from holding an Armstrong Fellowship.

Candidate's Signature

Date