

FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY  
SCHOOL OF GRADUATE STUDIES AND RESEARCH

DELORES A. AUZENNE FELLOWSHIP FOR GRADUATE STUDY  
AWARDED TO MINORITY APPLICANTS

APPLICATION FOR FELLOWSHIP GRANT  
\$2,500 - \$5,000

DEADLINE: APRIL 2, 2010

Final awards are contingent upon legislative funding. All applicants must be fully-admitted, full-time degree-seeking students and must have been admitted to a graduate academic degree program at time of application.

NOTE: Two letters of recommendation and ALL official transcripts must accompany this application.

PLEASE TYPE

1. Full Name \_\_\_\_\_  
(last) (first) (middle)
2. Social Security Number \_\_\_\_\_ E-mail Address \_\_\_\_\_
3. Gender: Female Male
4. Local Mailing Address: \_\_\_\_\_  
Street City State Zip
5. Permanent Mailing Address: \_\_\_\_\_
6. Local Telephone: ( ) \_\_\_\_\_ Perm. Telephone: ( ) \_\_\_\_\_
7. Citizenship Status: U.S. Citizen  
(Please attach a copy of original permanent status card and a copy of your original employment status card)
8. College/School to which you have been admitted: \_\_\_\_\_
9. Graduate Degree Sought: \_\_\_\_\_
10. Major Field of graduate study: \_\_\_\_\_
11. Graduate Admissions Test Score: GRE \_\_\_\_\_ GMAT \_\_\_\_\_ MAT \_\_\_\_\_  
(or date to be taken) \_\_\_\_\_ (Please attach a copy of your most recent scores)
12. Undergraduate Cumulative G.P.A. (Last 60 semester hours): \_\_\_\_\_  
(Please attach a copy of your undergraduate transcript).
13. Graduate Cumulative G.P.A. \_\_\_\_\_  
(Please attach a copy of your graduate transcript)

14. Total number of semester hours required for degree, including dissertation/thesis/ internship : \_\_\_\_\_
15. Total number of credits completed toward degree: \_\_\_\_\_
16. Total number of hours in progress at the time of application: \_\_\_\_\_
17. When will your degree be completed? Date: \_\_\_\_\_
18. Other current grants or fellowships received: (See attached certification form to be completed by Financial Aid Director)

Name of Financial Award	Date	Type
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. Other grants or fellowships applied for this academic term:

Name of Financial Award	Date	Type
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. A Delores A. Auzenne Fellowship is requested for the following semester(s):

Fall \_\_\_\_\_ Spring \_\_\_\_\_

21. Please write a brief statement of your educational goal(s).

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**I certify that the above information is accurate. I understand that failure to provide or intent to falsify information on this form will invalidate my application.**

**“This certifies that I have been informed of the policies and procedures governing this award including my responsibility to notify the institution upon completion of the approved program of study, or change of name or permanent address or school. I also understand that if I fall below the required full-time status before the middle of the term without a valid explanation, I will forfeit the Fellowship and may be required to reimburse the university for the full amount of the award. Furthermore, I understand that failure to comply with the above will prevent me from matriculating in the future, and/or a hold may be placed on my records.”**

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**Signature of Applicant** **Date**

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**\*Signature of College/School Dean** **Date**

**\*The Dean is also required to complete the attached authorization form.**

**NOTE: Applicants cannot be considered unless all questions are answered and all signatures are acquired. All copies of requested documents must be submitted at the time of application.**

**\*\*APPLICATIONS MUST BE RECEIVED NO LATER THAN 5:00 P.M. ON APRIL 2, 2010, IN THE SCHOOL OF GRADUATE STUDIES AND RESEARCH, ROOM 404 SBI SOUTH, OR MAILED TO: SCHOOL OF GRADUATE STUDIES AND RESEARCH, ROOM 404 SBI SOUTH, TALLAHASSEE, FLORIDA 32307 AND POST MARKED BY APRIL 2, 2010.**

**Approval of the Graduate Dean for Committee Consideration**

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**Signature** **Date**



**DELORES A. AUZENNE FELLOWSHIP  
FINANCIAL AID CERTIFICATION FORM**

**NOTE: Fill in name and social security number only. This page will be forwarded to the Office of  
Financial Aid for completion.**

(To be completed by the Financial Aid Director)

Please type the name and type of financial assistance the student below has received or applied for:

<u>NAME OF GRANT</u>	<u>TYPE</u>	<u>DATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I certify that the above student is eligible to receive the Delores A. Auzenne Fellowship  
(Section 240.404, Florida Statutes, for award of State financial aid.

I certify that the above student is ineligible to receive the Delores A. Auzenne Fellowship.

Signature: \_\_\_\_\_  
Financial Aid Director Date