



Graduate Fellowship Fund

GALLAUDENT UNIVERSITY ALUMNI ASSOCIATION

PEIKOFF ALUMNI HOUSE • KENDALL GREEN • WASHINGTON DC 20002-3695

Name: _____

Address: _____

_____ Zip code: _____

Phone: TTY: _____ Voice: _____

Social Security number:: _____

To apply for a fellowship you will need to do the following:

1. Submit an audiological assessment of the status of your hearing. The battery of hearing tests, performed by a clinically certified audiologist (American Speech and Hearing Association, Certification in Clinical Competence—Audiology) should include pure tone and speech audiometry, impedance measures and hearing aid performance results (if applicable)
2. Provide a letter from the person who will supervise your program. Stating that you have met all requirements for admission and have been accepted. This is required before your application will be considered.
3. Provide a list of the courses you plan to take in your major field of study, with a letter from your advisor indicating that the proposed program is deemed adequate.
4. Submit official transcripts of courses and grades from all colleges and universities you have attended.
5. Submit letters of reference from three people who are qualified to evaluate your capacity to do graduate work.
6. Complete the application form on the following pages.

The deadline for receiving your application and all supporting material is April 20. Applications received after April 20 will not be considered.

A brochure describing the Graduate Fellowship Fund in more detail is enclosed. Address all correspondence to Chair, Graduate Fellowship Fund Committee, Peikoff Alumni House, Gallaudet University, Kendall Green, Washington, DC 20002-3695.

APPLICANT'S FINANCIAL STATEMENT

(Must be completed by all applicants for GUAA Graduate Fellowships)

APPROXIMATE ANNUAL INCOME:

1. Please submit a copy of your current Income Tax Return. If you do not have a copy, you may obtain a certified copy from the Internal Revenue Service. Foreign applicants need to submit a similar statement of income.

2. Please submit a copy of your spouse's current Income Tax Return, if applicable.

3. Will you be employed during the coming year?
 not employed part time full time on leave

3. What is your individual estimated income during the period for which you are applying for a GFF Fellowship, excluding the possible GFF Fellowship?

\$ _____

4. What is the estimated income of all other adult members of your household during the period for which you are applying for a GFF Fellowship?

\$ _____

6. Please list your estimated income from other resources (e.g., fellowships, grants, parents, investments, interest, savings/checking accounts, etc.) during the period for which you are applying for a GFF Fellowship.

Source	Estimates
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
7. Total expected household resources (tally 3, 4, and 5)	\$ _____

APPROXIMATE ANNUAL EXPENSES:

1. Expected expenses during the period for which you are applying for a GFF Fellowship:

a. General family living expenses (lodging, food, utilities, insurance, medical, etc.).....\$ _____

b. Applicant's educational expenses (tuition, interpreters, books, fees, etc.).....\$ _____

2. Total expected expenses (tally 1a and b)..... \$ _____

**APPLICANT'S FOR GRANT FROM
GALLAUDET UNIVERSITY ALUMNI ASSOCIATION
GRADUATE FELLOWSHIP FUND**

(All information is confidential)

Academic year for which application is made: _____

1. Applicant _____

2. Date of birth _____ Place of birth _____

Sex: Male female

U.S. citizen: yes no

Marital status _____

3. Permanent address: _____

_____ Zip code: _____

4. Dependents of applicant (give names, ages, relationships):

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. List all colleges and universities previously attended:

College and location	Date (year)	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Name and address of the department and university or college where program of study is being or will be undertaken.

7. Field or specialization: _____

Minor (if any) _____

8. Specify degree being pursued: _____
9. Expected duration of program of study: _____
10. None of department head and/or advisor: _____
11. Submit either a letter from your advisor or a copy of that part of the university/college catalog that states the number of credit hours constituting a full load per semester. How many credit hours will you be taking per semester? _____
12. What are your goals in pursuing this program of study? (Use separate sheet if more space is needed.)

I hereby attest to the truth of the statements made herein.

I further agree to report to the committee any changes in my status or in my financial situation if such should develop.

Applicant's signature: _____

Date: _____

CHECKLIST - For Committee Use Only

- | | |
|--|--|
| 1. <input type="checkbox"/> Acceptance for admission to doctoral program | |
| 2. <input type="checkbox"/> Audiologic report | 5. <input type="checkbox"/> References (3) |
| 3. <input type="checkbox"/> Program of study | 6. <input type="checkbox"/> Financial statement/tax form |
| 4. <input type="checkbox"/> Transcripts | 7. <input type="checkbox"/> Application completed |

All steps for consideration have been completed.

GFF Chair