North Carolina State University
Graduate School Diversity Enhancement Grant Program Application
2015-2016

Application for: ❑ Summer 2015 (Session II)   ❑ Fall 2015   ❑ Spring 2016   ❑ Summer 2016 (Session I)

Name (First,MI,Last):_____ Student ID No.:_____

Current Mailing Address:_____

City:_____ State:_____ Zip Code:_____ County:_____

Phone Number:_____ Email:_____

Date of Birth:_____ Birth State:_____ Birth Country:_____ Ethnic Origin:_____

Sex: ❑ Male ❑ Female   Disabled: ❑ Yes ❑ No   Military Service: ❑ Yes ❑ No   US Citizen: ❑ Yes ❑ No

US Permanent Resident: ❑ Yes ❑ No   NC Resident (for tuition purposes): ❑ Yes ❑ No

I am: ❑ currently enrolled ❑ a new graduate student ❑ applying for admission

Degree Sought: ❑ Masters ❑ Doctoral   Admission Date: _____   Proposed Date of Graduation:_____

If you are a Masters student, do you plan to pursue a doctoral degree at NC State?: ❑ No ❑ Yes (program:_____)

Educational Degrees:
   Highest Degree: ❑ M.S. ❑ M.A. ❑ Other:_____

      Year Earned:_____ Major:_____

      College/University:_____ State:_____

   Other Degree: ❑ B.S. ❑ B.A. ❑ Other:_____

      Year Earned:_____ Major:_____

      College/University:_____ State:_____

Free Application for Federal Student Aid (FAFSA) submitted: ❑ Yes   ❑ No   (Awards are based on financial need and require that a FAFSA form be filed with the Federal Student Aid Programs Office (www.fafsa.ed.gov).

To complete your application package, please return this form along with a completed Financial Data Sheet and Budget (available online at: www.ncsu.edu/grad/diversity/grants.html) and a statement of purpose to: Todd Marcks, The Graduate School, NC State University, Box 7102, Raleigh, NC 27695-7102.

_____   _____
Signature of Student (Required)   Date

Verification of Departmental Support for 2015-16: *(This section must be completed by your department BEFORE this application is sent to The Graduate School.)*

Will the student be receiving Department Support? ❑ Yes ❑ No If yes, indicate type of support and amount.

Type: ❑ RA ❑ TA Monthly Rate:_____ Appointment: Start Date:_____ End Date: _____

_____   _____   _____
  Name of Dept. Head or DGP (please print)   Signature   Date

College:_____ Department: _____