

North Carolina State University
Graduate School Diversity Enhancement Grant Program Application
2019-20

Application for: Fall 2019 Spring 2020 *(Request only terms in which you will be enrolled full-time)*

Name (First, MI, Last): _____

Student ID Number: _____

Permanent Mailing Address: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Ethnic Origin: _____

Sex: Male Female Disabled: Yes No Military Service: Yes No

US Citizen or 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 (MM/YY): _____ Proposed Date of Graduation (MM/YY): _____

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

Free Application for Federal Student Aid submitted (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): Yes No

Educational Degrees:

Highest Degree: MS MA Other: _____ Year Earned: _____

Major: _____ College/University: _____ State: _____

Other Degree: BS BA Other: _____ Year Earned: _____

Major: _____ College/University: _____ State: _____

Verification of Department Support for 2019-20

This section must be completed by your department **BEFORE** this application is submitted to the Graduate School.)

Will the student be receiving Department Support? Yes No Type: RA TA

Monthly Rate: _____ Appointment Start Date: _____ End Date: _____

Department Head or Director of Graduate Program:

Name: _____ Signature: _____ Date: _____

College: _____ Department: _____

Financial Data Sheet

List (including full names) all scholarships, grants, loans, fellowships, assistantships, residence hall staff positions and other outside assistance that you have applied for during the 2019-20 academic year including award amounts. (Do not include UNC Campus Scholarship Program or Diversity Graduate Assistance Grant awards.)

Do you expect to work during the period for which you are applying for aid? Yes No

Employment Information:

Place of employment: _____

Total annual gross earnings: _____

(include this amount in the Resources column in the Budget section of this application)

Title of position: _____

Phone: _____

Address: _____

Please explain any unusual financial circumstances:

Budget

Request based on your actual need. Please submit only **your** expenses. Do not include expenses that will be paid by your spouse. Also, in considering resources, include only your resources.

Your expenses and resources will be automatically calculated based on the term(s) you indicated on the first page of this application. Your monthly expenses and resources will be multiplied by either 8 months (if you indicated both Fall and Spring) or 4 months (if you indicated either Fall or Spring only).

Please note that students who are on the Graduate Student Support Plan (GSSP) or other programs that pay tuition and health insurance may not request funds for those items.

Number of Dependents: _____

EXPENSES			Total
School Expenses			
	Tuition*		
	Fees (\$1289/semester)		
	Books/Supplies (\$1000/semester)		
Room and Board			
	Rent:	/ month	
	Phone and Utilities:	/ month	
	Food and Household:	/ month	
Transportation (<i>"Other Transportation Expenses" may include car insurance, gas, and maintenance, etc.</i>)			
	Vehicle Expenses:	/ month	
	Other Transportation Expenses:	/ month	
Miscellaneous			
	Health Insurance*	/ month	
	Personal Care	/ month	
Other (list) (<i>"Other" expenses may include childcare, life insurance, dental insurance, etc.</i>)			
TOTAL			

RESOURCES			Total
Source	Amount		
Applicant's gross income	/ month		
Savings	--		
VA or GI Bill	/ month		
Social Security	/ month		
Assistantship/Fellowship	/ month		
Other (list)			
TOTAL			

Total Requested (from above):

Less Resources (from above): _____

Need Amount:

*If you receive a departmental stipend of more than \$666.67/month, your tuition and health insurance should be paid by your department. You should not request funds for these items.

Statement of Purpose

Please provide a statement of purpose that include your achievements, educational and economic background, exceptional personal talents, unique work or service experience, leadership potential, creativity and traits that will contribute to the enrichment or diversity of the University or community, beyond your academic credentials sent to The Graduate School.

I certify that all information provided on this application is complete and accurate to the best of my knowledge.

Signature of Student (required): _____ Date: _____