

**North Carolina State University**  
**Graduate School Diversity Enhancement Grant Program Application**  
**2020-21**

Application for:  Fall 2020  Spring 2021 *(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](http://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: \_\_\_\_\_

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**Verification of Department Support for 2020-21**

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 2020-21 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
<b>School Expenses</b>			
	Tuition*		
	Fees		
	Books/Supplies (\$1000/semester)		
<b>Room and Board</b>			
	Rent:	/ month	
	Phone and Utilities:	/ month	
	Food and Household:	/ month	
<b>Transportation</b> ( <i>"Other Transportation Expenses" may include car insurance, gas, and maintenance, etc.</i> )			
	Vehicle Expenses:	/ month	
	Other Transportation Expenses:	/ month	
<b>Miscellaneous</b>			
	Health Insurance*	/ month	
	Personal Care	/ month	
<b>Other (list)</b> ( <i>"Other" expenses may include childcare, life insurance, dental insurance, etc.</i> )			
<b>TOTAL</b>			

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

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.

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

Signature of Student (required): \_\_\_\_\_ Date: \_\_\_\_\_