**NOMINATION FORM:**

**COLLIER SCHOLARSHIP**

**Instructions for Nominating Fellows**

**Directors of Graduate Programs (DGPs) wishing to nominate a student should complete this form and e-mail it to the attention of Dr. David Shafer, Assistant Dean in the Graduate School, at** **dmshafer@ncsu.edu****.**

*Please note that current NCAA rules would, in the vast majority of instances, prevent a recipient from receiving this award if the awardee was also a member of an NC State’s athletics team during the same academic year in which he/she received this award. Therefore, if the nominee were to join or participate on any NC State University intercollegiate athletics team while receiving this scholarship, the nominee could be asked to repay any and all funds received as part of this award.*

**1. Personal Data**

 Name of Nominee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last First Middle

 Student ID Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Present Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street/Box City/Town State Zip

 Permanent Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street/Box City/Town State Zip

 Home Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Graduate Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Advisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Advisor's E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Education**

 Attendance

Name of School/Location From To Degree Received/Major Date

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GRE Scores: Verbal\_\_\_\_\_\_\_\_Quantitative\_\_\_\_\_\_\_\_ Analytical/Writing\_\_\_\_\_\_\_\_

GRE Percentiles: Verbal\_\_\_\_\_\_\_% Quantitative\_\_\_\_\_\_\_\_% Analytical/Writing\_\_\_\_\_\_\_\_%

Undergraduate Cumulative GPA\_\_\_\_\_\_\_\_ Out of Possible \_\_\_\_\_\_\_\_\_

Graduate Cumulative GPA\_\_\_\_\_\_\_\_ Out of Possible \_\_\_\_\_\_\_\_\_

Graduate Credit Hours Taken \_\_\_\_\_\_\_\_

**3. Athletic Information**

Varsity Sport Played\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Athletic Achievements

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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a. When (month and year) did the nominee initially enroll full-time at a collegiate institution for the first time?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Has 5 years passed from the time the student enrolled full-time? (Y or N)\_\_\_\_\_\_\_\_

c. Did the student-athlete play in all four seasons of competition? (Y or N)\_\_\_\_\_\_\_\_

d. During which years did the nominee receive athletics aid while a student-athlete? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Funding Information**

a. Will this student receive a TA, RA, or Fellowship in addition to this award? (Y or N)\_\_\_\_\_\_\_\_

b. If so, will the type of support be in the form of a \_\_\_TA, \_\_\_RA, and/or \_\_\_Fellowship.

c. If applicable, please indicate the annual amount of funding this student will receive from each of the sources indicated in item b.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Director of Graduate Programs or Department Head

 (Appropriate Authorizing Official Should Sign)