



Graduate Studies Scholarship Application

Submit completed application and essays to the Office of Graduate Studies by email, fax, mail, or in person.

FGCU Office of Graduate Studies, 10501 FGCU Blvd. South, Fort Myers, FL 33965
Ph. 239-590-7988, Fax: 239-590-7843, graduate@fgcu.edu

Please answer each of the following essay questions separately. Answers should be typed and the four answers should total no more than two pages.

1. List other scholarships, including the amount awarded for the semester you are applying for the Graduate Studies Scholarship.
2. Describe your academic and career goals.
3. Describe your community service and involvement.
4. Describe your unique financial circumstances.

Scholarship Awards:

- (20) \$500 scholarships
- Awarded Fall and Spring semesters

Eligibility Requirements:

- Must submit a completed application and answer the four essay questions. Incomplete applications will not be considered.
- Must be an admitted, degree-seeking graduate or doctoral student.
- Must be enrolled in at least 6 credit hours.
- Must be in good standing at FGCU.
- Must reapply each semester.
- A student may be awarded the scholarship no more than twice.

Deadlines:

- Fall semester - June 1st
- Spring semester - Nov. 1st

Applications must be in our office or postmarked by these deadlines for consideration. Scholarships will be awarded by Nov. 30th and June 30th respectively. Recipients will be notified by mail and email.

Name _____ University ID# _____

Preferred Email address _____ Phone Number _____

Mailing Address _____

City _____ State _____ Zip _____

Graduate Program _____

Term of Admission _____

Term for which you are requesting scholarship _____

I certify that the information given in this scholarship application is complete and accurate, and I understand that to make false statements within this application may result in denial of scholarship or invalidation of approved scholarship.

Applicant's Signature

Date

<i>Award Approved</i> <input type="checkbox"/>	<i>Award Denied</i> <input type="checkbox"/>	<i>Signature of Member with Allocation Authority</i>	<i>Date</i>
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