



SCHOOL OF GRADUATE STUDIES

Grambling State University
Grambling, Louisiana 71245

Request for Graduate Assistantship or Fellowship

Field or Department for which you are applying _____

Mr./Mrs./Miss _____
(First) (Middle) (Last)

Present Mailing Address _____
(Street and/or P.O. Box)

City _____ State _____ Zip _____

Date of Birth _____ Age _____ Marital Status: Married _____ Single _____ Other _____

Social Security No. _____ Telephone # _____

Indicate if U.S. Citizen or Immigrants: Citizenship _____ No. of Dependents _____
(Other than yourself)

Physical Defects, if any _____

Minority Status: American-Indian _____ Puerto Rican _____ Black _____ Chicano _____ White _____ Other _____

Academic Training (Give names of junior colleges, colleges, universities, graduate and professional schools at which credit has been earned)

Institution	Dates Attended	Major/Minor Fields	Degree/Year

Undergraduate Scholastic Records: Accumulative Average _____

Graduate Record Examination Test Scores: Verbal _____ Quant. _____ Anal. _____

TOEFL _____

National Teacher Examination: GK _____ CS _____ PK _____ Area _____ Total _____

Inclusive Dates	Employed by	Title, Nature of Work

Special field of interest in which you wish to major (if known): _____

RECOMMENDATIONS: Complete the following for three persons whom you are asking to write letters of recommendation regarding your academic qualifications for graduate study.

Name	Position	Address

Semester and year you plan to begin graduate work: Fall _____ Spring _____ Summer _____

Fellowship _____ Assistantship _____ Research Assistants _____ to begin

_____, 20 _____
(Fall Semester or Spring Semester)

I certify that the information given on this form is true and correct. I understand that falsification of data may result in disqualification from competition.

Date: _____ Signature: _____

Send this application to :
School of Graduate Studies
Grambling State University
P. O. Box 845
Grambling, LA 71245

FINANCIAL STATEMENT
To Accompany Application for Graduate Assistantship

*School of Graduate Studies
Grambling State University
Grambling, LA 71245*

Name: _____ Date of Birth: _____
(Last) (First) (Middle) (Month) (Day) Year

Address: _____
Street and/or P.O. Box City State Zip Code

Marital status o. of Dependents _____ Ages _____

Estimate the following income and expenses for the period for which you request assistance to the best of your ability. If you are not married, it is assumed some assets and expenses are mutual.

Estimated Income

Salary \$ _____
Aid for parents/others _____
Loans _____
Veteran's Benefits _____
Other governmental _____
Benefits _____
Other (specify) _____

Total income _____

Estimate Expenses

Registration fees \$ _____
Non-Resident fees _____
Books and supplies _____
Rent (\$ _____ monthly) _____
Food (\$ _____ monthly) _____
Utilities (\$ _____ monthly) _____
Clothing (\$ _____ monthly) _____
Medical (\$ _____ monthly) _____
Insurance (\$ _____ monthly) _____

Assets

Bank accounts \$ _____
Other (specify) _____

Car payments (\$ _____ monthly) _____
Department Repayment _____
Other (specify) _____

Total Expenses \$ _____

Car (year and make) _____
Value of car \$ _____
Total Assets \$ _____

Describe any other pertinent information which would aid in an intelligent evaluation of your application (attach a separate sheet, if necessary).

I declare that all of the above information is, to the best of my knowledge and belief, true and correct. I understand that if this statement is, to the best of my knowledge and belief, true and correct. I understand that if this statement is not filled out completely, this application for an assistantship award cannot be considered.

Signature of Applicant _____

Date _____

**RECOMMENDATION FOR ASSISTANTSHIP
GRAMBLING STATE UNIVERSITY**

1. Name of Applicant: _____
(Last) (First) (Middle) (Maiden)

2. How long have you known the applicant? _____
(Years) (Months)

3. In what connection have you known the applicant?

_____ Personal Friend	_____ Former Teacher	_____ Classmate
_____ Supervisor	_____ Present Teacher	_____ Principal
_____ Minister	_____ Employer	_____ Colleague
_____ Other (Please state)		

4. In comparison with other students you have know, how would you rate the applicant on each of the following:

	Outstanding	Good	Below Average	Average
a. Ability to complete requirements for a graduate degree	_____	_____	_____	_____
b. Intellectual curiosity to inquire seriously and thoroughly about a subject or area of study	_____	_____	_____	_____
c. Leadership potential	_____	_____	_____	_____
d. Promise as a practitioner and/or administrator	_____	_____	_____	_____
e. Perseverance and self-confidence	_____	_____	_____	_____

5. In your judgment, what are the greatest strengths of this applicant?

6. In your judgment, what are the most serious weaknesses of this applicant?

7. Please add any comments which you think would be helpful in evaluating the applicant's qualifications for a graduate assistantship.

Date: _____

Print Name: _____

Signature: _____

Title or Position: _____

Institution: _____

Please return to: Division of Graduate Studies
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Grambling, LA 71245

All information will be considered confidential. Thank you for your cooperation.

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GRAMBLING STATE UNIVERSITY**

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_____ Supervisor	_____ Present Teacher	_____ Principal
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c. Leadership potential	_____	_____	_____	_____
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