



Graduate School Financial Award Application

FOR URI USE ONLY

D/P/C _____

G.S. _____

This form should be used only by applicants seeking admission to the Graduate School who also wish to be considered for the awards listed below. To be eligible for any form of assistance you must first be admitted to the Graduate School. Please submit this form to the department to which you are applying with your application for admission to be received no later than **February 1**.

Awards for scholarships and fellowships are made by the Dean of the Graduate School in consultation with the Committee on Fellowships and Scholarships from ranked lists of nominees submitted by department chairpersons. Graduate assistantship appointments are initiated by department chairpersons, and research assistantships are initiated by the principal investigator of the grant involved. Financial need is a criterion for some fellowships and scholarships and the only criterion for loan awards, but it is not a consideration for fellowships and assistantships.

Indicate type(s) of award for which you wish consideration:

- Tuition Scholarships:** awarded to qualified students demonstrating financial need Yes No
- Fellowships:** awarded to Ph.D. candidates in view of need and/or in recognition of achievement and promise as scholars Yes No
- Graduate School Diversity Fellowships:** awarded to individuals who demonstrably enrich the diversity of the graduate student body Yes No
- Graduate Assistantships:** awarded to provide teaching and research training sponsored by URI Yes No
- Graduate Research Assistantships:** awarded to provide research training sponsored by a grant Yes No

Applicants who wish to be considered for: **National Direct Student Loans** or **Work-Study assistance** must contact the URI Student Financial Aid Office, Roosevelt Hall, Kingston, RI 02881. Phone: 401-874-2314. Foreign students are NOT eligible.

Social Security Number

Department/Plan to which you are applying _____

Name _____ State of Residency (country if not U.S. citizen) _____

Please complete the following.

Your estimated budget for the next September 1–August 31 period (employment income should be after taxes):

<i>Income</i>	Applicant	Spouse	Applicant & Spouse
Employment (summer and/or part-time)	\$ _____	\$ _____	\$ _____
Support from family or parents	\$ _____	\$ _____	\$ _____
Other (savings, etc.)	\$ _____	\$ _____	\$ _____
TOTAL INCOME	\$ _____	\$ _____	\$ _____

<i>Expenses</i> (include spouse if spouse will also be a student)	Name of school spouse will attend _____		
Tuition and fees	\$ _____	\$ _____	\$ _____
Books	\$ _____	\$ _____	\$ _____
Equipment and supplies	\$ _____	\$ _____	\$ _____
Rent or mortgage, including heat and utilities	\$ _____	\$ _____	\$ _____
Food and household supplies	\$ _____	\$ _____	\$ _____
Clothing, laundry, and cleaning	\$ _____	\$ _____	\$ _____
Auto insurance premiums	\$ _____	\$ _____	\$ _____
Other transportation expenses	\$ _____	\$ _____	\$ _____
Medical and dental expenses	\$ _____	\$ _____	\$ _____
Dependency obligations (please specify)	\$ _____	\$ _____	\$ _____
Child care	\$ _____	\$ _____	\$ _____
Annual debt repayment (include educational loans only if repayment has begun)	\$ _____	\$ _____	\$ _____
TOTAL EXPENSES	\$ _____	\$ _____	\$ _____
<i>Financial Need</i> (difference between total income and total expenses)	\$ _____	\$ _____	\$ _____

Loans outstanding to date (include installment loans on cars, personal property, and loans for educational purposes):

Source	Amount	Date	Balance	By Month/Quarter
_____	\$ _____	_____	\$ _____	\$ _____ / _____
_____	\$ _____	_____	\$ _____	\$ _____ / _____
_____	\$ _____	_____	\$ _____	\$ _____ / _____

Fellowships, scholarships, or grants previously awarded by/through higher educational institutions:

Source _____ Date _____ Amount _____
 Source _____ Date _____ Amount _____
 Applicant's Signature _____ Date _____