

SOUTHERN METHODIST UNIVERSITY
Dedman College
Graduate Program in Religious Studies

Application for a Graduate Program in Religious Studies Fellowship

A Graduate Program in Religious Studies Fellowship is awarded for no more than one academic year, and then only upon the student's submission of a completed application. Fellowships are renewable each year the student is in the program (up to the time limit for the completion of the degree sought). Such a fellowship may be awarded in the following forms and amounts: (1) a voucher for the payment of tuition and fees for up to two semesters of full-time study; and (2) a cash stipend in an amount up to \$5,000.00 per year, or \$2,500.00 per semester. Since the exact form and amount of an award is determined by consideration of the student's demonstrated need as well as of his/her demonstrated progress in or promise for study in the GPRS, the information requested below is essential to such determination. This information will be kept confidential.

Name		For academic year
Address		Phone
		Date of birth
Soc. Sec. No.	Academic year first enrolled in the GPRS	
Have you been admitted to candidacy for a degree?		Degree
Date admitted to candidacy	Anticipated graduation date	
Have you applied for a GPRS Fellowship before?		For which years?
Previous graduate fellowship awards:		
Academic Year	Form (fellowship or stipend)	Amount (fellowship: % of tuition/fees; stipend: amount)

SMU Health Center Fee

(This section is **only** for students enrolled in **fewer than 12 hours** in any given semester and who wish to have access to the Student Health Center. There is no separate Health Center fee for students enrolled for 12 or more hours in a semester.)

- YES**, please add the Health Center fee in my fellowship.
- NO**, I do not wish the Health Center fee to be added to my fellowship.

Employment

Do you anticipate being gainfully employed during the academic year for which you are applying for a GPRS Fellowship?

In what capacity?

Percentage of total working time to be given to such employment: 20% 40% 60% Other: _____

Dependents

Total number of dependents	Ages of dependents who are minors
Relation of dependents to you	

Indebtedness

Amount of present financial indebtedness
For what is this amount owed?
To whom is this amount owed?
What is repayment schedule?

Automobile(s) which you own

Make	Year	Model	Year purchased	Mileage	Condition
Amount of monthly payments for automobiles					
Annual amount paid for auto insurance					

Health

What is the state of your own health?	
What is the state of health of dependents for whom you are responsible?	
Do you anticipate any unusual medical or dental expense during the next year or so?	
Type of expense	Probable amount of expense
Are you and your dependents covered by medical-surgical insurance?	
Type of insurance	
Amount of insurance coverage	

Other financial assistance

Do you anticipate receiving any other fellowship or scholarship assistance for the same academic year for which you are applying for a GPRS Fellowship?	
If so, what kind of assistance?	
What amount?	From what source?

What do you anticipate by way of assets, income, and expenses for the twelve-month period including the academic year for which you are applying for a GPRS Fellowship and the summer immediately preceding? (Please be as specific as possible in the figures you give on the various lines. Also, on any line designated "other . . .," enter the total amount and give a detailed breakdown of included items and amounts on a supplementary schedule.)

ASSETS and INCOME	
Savings	
Earnings	
Other household earnings	
Interest	
Other fellowship or scholarship assistance	
Assistance from relatives	
Government assistance	
Other assets and/or income	
TOTAL	
EXPENSES	
Tuition and fees	
Books	
Housing (including utilities)	
Food	
Clothing	
Automobile operation and maintenance (excluding insurance and monthly payments)	
Health care (excluding insurance)	
Payments on indebtedness (both principal and interest, including monthly payments on automobiles)	
Insurance:	
Life	
Medical-surgical	
Automobile	
Other insurance	
Other expenses	
TOTAL	

I certify that all the information supplied on the application is, to the best of my knowledge, true and reliable. I agree that I will report immediately to the Director of the GPRS any change in my financial situation.

Signature _____ Date _____