



**APPLICATION FOR NON-RESIDENT GRADUATE TUITION SCHOLARSHIP**  
**College of Arts, Sciences, and Letters**

ACM \_\_\_\_\_ ENV SCI \_\_\_\_\_ MALS \_\_\_\_\_ MPA \_\_\_\_\_ MPP \_\_\_\_\_ PSYC \_\_\_\_\_

You may be eligible for a non-resident graduate tuition scholarship if you meet the following criteria:

1. You are classified as a non-resident graduate student (or applicant) in a CASL graduate program.
2. You started your degree program after Fall 2004.
3. You meet the program's eligibility requirements for merit: 3.2 undergrad GPA; 6.0 graduate GPA
4. You meet other program eligibility requirements: demonstration of need in a personal statement, recommendation of program director.
5. You must submit the FAFSA to the Office of Financial Aid. [www.umd.umich.edu/financialaid](http://www.umd.umich.edu/financialaid)
6. You must enroll for a minimum of 6 credit hours per semester (except summer).
7. You must have continued successful academic performance (6.0/9.0) and progress towards completion of the degree to assure continuation of the scholarship.

Before applying, discuss with your program director details of the award program and your program's specific eligibility requirements before completing this application. Only a limited number of awards are made, and program directors have full authority to make recommendations based on their assessment of applications submitted and availability of funds.

<i>Last Name</i>	<i>First Name</i>	<i>UMD ID#</i>
<i>E-mail address</i>	<i>Phone number(s)</i>	
<i>Current Mailing Address</i>		<i>Resident of (State or Country)</i>
<i>Current GPA</i>	<i>Institution and Program</i>	
<i>Semester you began (or will begin) your UM-D graduate program</i>		
<i>Credit hours enrolled for (current or anticipated?)</i>		
<i>Are you currently employed? _____ Contact person _____ No of hrs/wk: _____</i>		
<i>Employer: _____</i>		<i>Position: _____</i>

***I certify that the information provided on this application is true to the best of my knowledge.***

<i>Student Signature</i>	<i>Date Signed</i>
<i>Director Signature</i>	<i>Date Signed</i>

**Please return completed application to the CASL Graduate Programs Office at:  
 University of Michigan-Dearborn, CASL Graduate Programs Office, 4901 Evergreen Rd., 1080 SSB, Dearborn, MI 48128**