CSSH Graduate Student Applicants

External Grants and Fellowships

Name of Student:

__________________________________________________________

CSSH Degree Program:

__________________________________________________________

Candidacy Obtained (Month and Date):

(If you have not achieved candidacy, please state when you plan to do so.)

Anticipated Graduate Date:

__________________________________________________________

Funding Agency

__________________________________________________________

Name of Grant/Fellowship Opportunity:

__________________________________________________________

Deadline for Proposal:

__________________________________________________________

Period of Support Requested:

__________________________________________________________

Amount of Support Requested:

__________________________________________________________

Title of your Project:

__________________________________________________________
Abstract of your Proposal (no more than 50 words):


Is this your first time applying for an external grant or fellowship?


If not, what other awards have you applied for?


Did you receive any of these awards? If so, please list them, including the year of the grant or fellowship period.


Required Signatures

Your Dissertation Chair:

_____________________________  __________________
Signature                           Date

Chair of Your Department:

_____________________________  __________________
Signature                           Date

CSSH Dean’s Office (send form to Erika Koss, who will obtain appropriate signature for you):

_____________________________  __________________
Signature                           Date