

WILLIAM KENT WILEY JR MEMORIAL FELLOWSHIP APPLICATION

Name:

OSU ID Number:

Year in Current Degree Program:

Expected Graduation Date:

Local Address:

Home Address (if different):

Major Professor:

Thesis Research Topic:

ATTACH COPY OF PROGRAM OF STUDY AND RESEARCH PROPOSAL

What are your interests and future professional goals?

What work experience have you had? Emphasize experience related to your major and goals.

Statement of financial need while in college:

<u>Source of funds</u>	<u>Approximate % of total resource</u>
Assistantship, Fellowships & Scholarships	_____
Personal Funds	_____
Outside Employment	_____
Other _____	_____

Activities, Clubs, Offices held, Honors, Awards, etc.

College:

Community:

Any additional information you would like to have considered by the selection committee:

(Print, sign and submit)

Signature of Applicant

Date