

# Howard University Graduate School GEM Fellowship Application Form



## APPLICANT INFORMATION

*Please fill the application out in its entirety*

<b>Name:</b>			<b>Date:</b>
<i>Last</i>	<i>First</i>	<i>Middle Initial</i>	
<b>Date of birth:</b>			
<b>Current address:</b>			
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>	
<b>Permanent Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Best Contact Number:</b>		<b>Day</b>	<b>Evening</b>

<b>E-mail Address:</b>		
<b>Name of Parent:</b>		
<b>Parent/Guardian Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
U.S Citizen/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		
For Statistical Purposes only: Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (please specify):_____		
Ethnicity:_____		

## ACADEMIC INFORMATION

<b>Undergraduate Institution:</b>	
<b>Department(s):</b>	
<b>Major(s):</b>	<b>Minor(s):</b>
<b>Overall Cumulative GPA:</b>	<b>Major Cumulative GPA:</b>
<b>Classification:</b>	<b>Graduation Date:</b>
<b>Faculty Advisor/Department:</b>	
<b>Advisor's Telephone #:</b>	<b>Advisor's E-mail Address:</b>
<b>Graduate Institution:</b>	
<b>Department(s):</b>	
<b>Field of study:</b>	<b>Overall Cumulative GPA:</b>
<b>Research Interest:</b>	
<b>Faculty Advisor/Department:</b>	

<b>Advisor's Telephone #:</b>	<b>Advisor's E-mail Address:</b>
<b>Classification:</b>	<b>Graduation Date:</b>

**Note: Your Howard University Graduate School application must be completed and received by the Graduate Admissions Office prior to consideration for this fellowship. A completed graduate application consists of the items listed below. Please check the appropriate box if this document is currently on file in the Admissions office:**

- GRE Scores     
 Personal Statement     
 Three Letters of Recommendation     
 Official Transcripts

**In addition to the document required for admission to the Howard University Graduate School, this fellowship application requires the submission of the following items:**

- Secondary Personal Statement outlining your research experience, research interests, and long term professional goals (not to exceed one page)  
 Resume or Curriculum Vita

## SIGNATURE

**I have read and understand the program description and eligibility criteria and would like to apply for the Howard University GEM Fellowship Program. I certify that my statements are true and complete to the best of my knowledge. I understand that participation in this fellowship program may be denied if any information is found to be incomplete or inaccurate.**

**Signature of applicant\*:**

**Date:**

**\*If left blank, your application will be considered incomplete and will not be processed**

### RETURN FELLOWSHIP APPLICATION DIRECTLY TO:

**Kamla B. Deonuath  
Howard University  
GEM Fellowship Program  
Graduate School-Room 304  
Fourth and College Streets, NW  
Washington, DC 20059**

### GEM FELLOWSHIP STAFF USE ONLY

- |   |   |
|---|---|
| <input type="checkbox"/> Personal Statement 1 | <input type="checkbox"/> Personal Statement 2   |
| <input type="checkbox"/> Resume/Vita          | <input type="checkbox"/> Transcript   |
| <input type="checkbox"/> Recommendations      | <input type="checkbox"/> GRE Scores <input type="checkbox"/> G <input type="checkbox"/> S |