



**Graduate Incentive Grant Application**  
Please complete the application form and return to your department chair. The department chair will submit applications to the Graduate School when decisions have been made. *A completed application does not guarantee an award.*

**To Be Completed by Student:**

Name of applicant: \_\_\_\_\_

SSN: \_\_\_\_\_ OR Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Department (circle one)                      Art  
   Counselor Education  
   Human Performance & Physical Education  
   Teacher Education

Semester and year for which you are applying for aid: \_\_\_\_\_

*I authorize release the department selection committee to view my academic and financial records as needed for scholarship qualification.*

Signature: \_\_\_\_\_

**For Department Use Only:**

\_\_\_\_\_ Student was selected for Graduate Incentive Grant

\_\_\_\_\_ Student was not selected for Graduate Incentive Grant

\_\_\_\_\_ The total award of \$1000.00 should be split among the following or awarded in full (if only one semester is checked):

   \_\_\_\_\_ Fall semester

   \_\_\_\_\_ Spring semester

   \_\_\_\_\_ Summer semester

Department Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APGS's Signature: \_\_\_\_\_ Date: \_\_\_\_\_