

ILLINOIS STATE UNIVERSITY
Diversity Tuition Waiver Fellowship Application

Diversity Tuition Waivers are limited and awarded on a case by case basis to U.S. citizens of African American, American Indian, Asian, or Hispanic ethnicity, who have been admitted to the Graduate School. This fellowship may be received in addition to most other types of assistance; however, **the receipt of a graduate assistantship includes a tuition waiver that results in withdrawal of this waiver.** Tuition waivers cover tuition only and not fees. The maximum waiver available is 9 hours of in-state tuition. This program is designed to provide an opportunity to achieve a graduate degree. Students receiving waivers who withdraw from all courses will be responsible for late withdrawal fee payments.

Name: _____ UID No: _____
last first middle

Permanent Address: _____
street City state Zip phone number

Local Address: _____
street City state Zip phone number

Bachelor's Degree Received From: _____
school

Program: _____ Date: _____

| | | |
|--|---|--|
| Academic Dept.: _____ Graduate Degree Sought: _____ SEMESTER FOR WHICH YOU ARE APPLYING (indicate one only): Fall _____ Spring _____ Summer _____ <small>(yr) (yr) (yr)</small> NUMBER OF HOURS EXPECTED TO BE ENROLLED: _____ Grade Point Average: Undergraduate _____ <small>Graduate _____</small> | Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Ethnicity: Black/African Amer. <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian American <input type="checkbox"/> State of Official Residence: _____ U.S. Citizenship: Yes <input type="checkbox"/> No <input type="checkbox"/> | You must apply each semester to be considered for a Diversity Tuition Waiver Fellowship. Successful applicants will be notified by letter. <u>Priority consideration deadlines:</u> <u>Fall-July 1,</u> <u>Spring-October 1,</u> <u>Summer-March 1</u> |
|--|---|--|

| | |
|---|--|
| Have you ever received a tuition waiver before? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, for which session or sessions? _____ What is your anticipated graduation date? _____ Have you applied for financial Aid? YES <input type="checkbox"/> NO <input type="checkbox"/> Are you currently employed? If yes, please indicate your title: _____ Employer: _____ Status: part-time <input type="checkbox"/> or full-time <input type="checkbox"/> Will you be reimbursed for these courses by your employer? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, at what % _____ | Return Application to: Illinois State University Graduate School Campus Box 4040 309 Hovey Hall Normal, IL 61790 |
|---|--|

I certify that the information this application is correct. I authorize release for university use of this and other information to verify my eligibility for a Tuition Waiver Fellowship.

 Signature

 Date

FOR OFFICE USE ONLY

Admitted to Degree Program: Y N **TYPE of Admission:** Full Provisional Probationary student-at-Large

Cumulative GPA for last 60 hrs of undergraduate degree (for new students only): (Graduate Admission GPA) _____

Current Graduate GPA: _____ **Hours completed in program** _____

Mainframe check (circle or list all screens that apply): SDAA SDCR SDTS Other (list): _____

Recommendation: Approved / Denied (circle one) _____ Credit Ins for Sem./Year _____ Amount \$ _____

Reason for Denial: _____

Recommended by: _____
Signature of Staff Member Date

Approved by: _____
Signature of Director of Graduate Studies Date

Letter Sent to Student: _____ / _____ TW Form Sent to Financial Aid _____ / _____
Date /By (initial) Date /By (initial)

08/21/08

ILLINOIS STATE UNIVERSITY

**STATEMENT OF REGISTRATION COMPLIANCE
FOR STATE of ILLINOIS SCHOLARSHIP / GRANT RECIPIENTS**

Please complete this form and return it to our office within thirty (30) days. Failure to do so will keep your military awards(s) and/or other state scholarship(s) from being credited to your student account. If funds have already been credited to your account, they will be debited and your next bill will show a balance owed.

UID Number: _____ - _____ - _____

Name: _____

Selective Service registration. You will not receive federal, state or other financial aid offered you unless you complete this form and, if required, furnish proof to Illinois State University supporting your answer. **Mark ONE response. Do not leave this section blank.**

1. I **certify** that I am registered with the Selective Service; OR
2. I **certify** that I am not required to be registered with the Selective Service because:
 - a. I am female.
 - b. I have not reached my 18th birthday.
 - c. I was born before 1960.
 - d. I am in the armed services of the United States, on active duty. NOTE: Members of the Reserves or National Guard are not considered to be "on active duty."
 - e. I am a permanent resident of the Federated States of Micronesia, the Marshall Islands, or Palau.
 - f. I am not a citizen of the United States of America.
 - g. I am age 26 or over and gained United States citizenship on or after age 26.

WARNING: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.

Signing this statement certifies that all information reported is true, complete and accurate.

Student's signature (in black ink)

Today's date

Return your completed form to: Graduate School, 309 Hovey Hall, Campus Box 4040, Normal, IL 61790-4040
(Department)