

Dorothy Holmes Toporeck Graduate Scholarship Application

FITCHBURG STATE COLLEGE GRADUATE and CONTINUING EDUCATION

I. Name _____ SS#: _____

Home Phone: _____ Work: _____

Address: _____

II. Undergraduate Education at Fitchburg State College

Year of Graduation: _____ GPA: _____ Program Major: _____

III. Graduate Program at FSC: _____

A. Applicant _____ (or) Date of Acceptance _____

B. Current Student Yes No

Number of credits completed in degree program: _____

Expected Year of Graduation: _____ GPA: _____

IV. Amount Requested (not to exceed \$1500) _____

V. Have you received this graduate scholarship in the past: Yes No

If yes, Date: _____ Amount: _____

VI. Are you a Graduate Assistant at FSC? Yes No

I hereby approve the release of my academic transcript and any required financial aid information to the Graduate and Continuing Education and Financial Aid Offices.

Signature of Applicant

RECOMMENDATION OF GRADUATE PROGRAM CHAIR

_____ I recommend this student for a scholarship.

_____ I do not recommend this student for a scholarship.

Advisor/Graduate Program Chair Signature

Comments:

Submit by **February 15th** to:

Fitchburg State College
Office of Graduate and Continuing Education
160 Pearl St.
Fitchburg, MA 01420