

This form must be completed by the graduate student and submitted as part of your fellowship/scholarship application by Dec. 1 in order to be considered for the Janine Lee Memorial Scholarship.

Student Information

First and Last Name:

First semester/year enrolled in your current graduate program:

Anticipated graduation (semester/year):

Are you a native of Nevada?

Yes No

Are you an adult learner?

Yes No

Are you a native of California or Pennsylvania?

Yes No

Are you a single parent?

Yes No

Please describe what led you to pursue higher education and the impact you hope to make with you degree: (300 words or less)

Student Signature

By signing below, I certify that all information on this application is accurate, and I agree to the terms and conditions of the Janine Lee Memorial Scholarship.

Student signature (type name)