



UCF Graduate Fellowship Application

Delores A. Auzenne Fellowship

- Provides \$5,000 per year for two semesters (\$2,500 each semester).
- Available to new and continuing graduate minority students who are U.S. citizens or permanent resident aliens.
- Recipient must be a resident of the State of Florida for a minimum of two years.
- Students may reapply each year.
- Deadline to apply March 1.
- Full-time enrollment in an eligible graduate program is required. Please see the Financial Information section of the current Graduate Catalog for more information.

Student Information

Student Name: _____ UCFID: _____

Ethnic Origin: _____ Program of Study: _____

Knights Email: _____

Student Signature

Signature of Applicant: _____ Date: _____

Submit this form, your goal statement, resumé, and two letters of recommendation from faculty to gradfellowship@ucf.edu

If you have questions about this award program, contact the UCF Graduate Studies Fellowship Office at gradfellowship@ucf.edu or 407-823-2766.

Goal Statement

Delores A. Auzenne Fellowship

Student Name: _____

UCFID: _____

Please explain briefly your reasons for pursuing graduate study at UCF. In addition, include a list of publications, presentations, and leadership and service activities related to your academic goals.

Letter of Recommendation

Delores A. Auzenne Fellowship

Student Name: _____

UCFID: _____

How long have you known the applicant? _____ In what capacity? _____

Graduate fellowships are awarded on the basis of academic merit and are intended to attract graduate students of the highest caliber to pursue graduate study at the University of Central Florida.

Based on your knowledge of the applicant, please describe the applicant's potential as a graduate student.

Please rank the applicant in the following categories.

Potential for graduate study	Ability to work with others	Adaptability	Emotional stability	Leadership potential
<input type="checkbox"/> Recommend strongly <input type="checkbox"/> Recommend <input type="checkbox"/> Recommend with reservations <input type="checkbox"/> Do not recommend	<input type="checkbox"/> Excellent <input type="checkbox"/> Above average <input type="checkbox"/> Average <input type="checkbox"/> Below average <input type="checkbox"/> Poor <input type="checkbox"/> Don't know	<input type="checkbox"/> Excellent <input type="checkbox"/> Above average <input type="checkbox"/> Average <input type="checkbox"/> Below average <input type="checkbox"/> Poor <input type="checkbox"/> Don't know	<input type="checkbox"/> Excellent <input type="checkbox"/> Above average <input type="checkbox"/> Average <input type="checkbox"/> Below average <input type="checkbox"/> Poor <input type="checkbox"/> Don't know	<input type="checkbox"/> Excellent <input type="checkbox"/> Above average <input type="checkbox"/> Average <input type="checkbox"/> Below average <input type="checkbox"/> Poor <input type="checkbox"/> Don't know

Signed: _____ Date: _____

Title: _____

Institution or Firm: _____

Email Address: _____