

NAME: _____

Date of Birth (MM/DD): _____

If you are interested in a Graduate School fellowship, please respond to the following questions.

For more information on fellowship eligibility and fellowship funding, please visit

<https://gradsch.osu.edu/>

1. If admitted, will you be enrolling as a full-time student?

If you answer no to this question, you are not eligible for a fellowship.

Yes

No

2. Do you plan to work at The Ohio State University, Wexner Medical Center, a university affiliate, or elsewhere while on fellowship?

Fellowship recipients may not be employed by Ohio State University, the Wexner Medical Center, a university affiliate, or elsewhere while on fellowship.

Yes

No

3. Are you willing to accept a fellowship, if offered, providing only one year of support?

If you answer no to this question, you are not eligible for a fellowship.

Yes

No

4. Have you been a previous graduate student at Ohio State?

Answer should be yes if you are completing this form.

Yes

No

5. In your previous academic career, did you achieve any unique or significant academic awards or honors?

Yes

No

6. In your previous academic career, did you publish any significant scholarly products (published papers, abstracts, presentations) beyond required assignments?

Yes

No

7. Do you participate or have you participated in the last 2 years in any ongoing activities demonstrating significant community service, volunteer service, and/or outreach?

Yes

No

If you are interested in being considered for university fellowship opportunities, please prepare a brief statement addressing the following:

Describe your academic achievements including academic awards and scholarly products (published papers, abstracts, presentations); activities demonstrating community, volunteer service, or outreach activities; and attributes and qualities that may contribute to your academic success. **Your response is limited to 450 words.**