

**Graduate Fellowship Fund**  
 GALLAUDET UNIVERSITY ALUMNI ASSOCIATION  
 PEIKOFF ALUMNI HOUSE · KENDALL GREEN · WASHINGTON, DC 20002-3695

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ (TTY or V?) Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

To apply for a fellowship, you will need to fill out the form below and to submit the following along with the form:

1. An audiological assessment of the status of your hearing within five years. The battery of hearing tests, performed by a clinically certified audiologist (American Speech and Hearing Association, Certification in Clinical Competence—Audiology) should include: pure tone and speech audiometry, impedance measures, and aided performance results (hearing aid/cochlear implants).
2. A letter from the person who will supervise your study program, stating that you have met all requirements for admission and have been accepted. *This is required before your application will be considered.*
3. A list of the courses you plan to take in your major field of study, with a letter from your advisor indicating that the proposed program is accredited and considered to be at the doctorate or terminal level.
4. *Official* transcripts of courses and grades from all accredited colleges and universities you have attended.
5. Letters of reference from two professionals who are qualified to evaluate your capacity to do graduate work.
6. A copy of your Free Application for Federal Student Aid (FAFSA) student aid report. (This can be obtained from [www.fafsa.edu](http://www.fafsa.edu).) For international students who are not eligible under FAFSA regulations, attach a copy of your Affidavit of Financial Support you provided to your university, a duly signed official document that provides detailed information about your scholarship, financial assistance or fellowship from your sponsor or sponsors such as your family, friends, relatives, organization, or government, or (b) if your affidavit of support is no longer valid, attach a copy of your most recent income tax information
7. A copy of estimated education expenses (tuition, books, fees, interpreters, etc.)

The postmarked deadline for your application and all supporting material above to be submitted is April 20. Applications received after this date will not be considered. For more information about the Graduate Fellowship Fund, you can check <http://www.gallaudet.edu/x2034.xml>. Address all correspondence to Chair, Graduate Fellowship Fund Committee, Peikoff Alumni House, Gallaudet University, 800 Florida Avenue, NE, Washington DC 20002.

1. List all colleges and universities previously attended:

College and location	Date (years)	Degree/credits
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Name and address of the department and university or college where program of study is being or will be pursued:

\_\_\_\_\_

\_\_\_\_\_

3. Field or specialization: \_\_\_\_\_  
Minor (if any): \_\_\_\_\_
4. Specify degree being pursued: \_\_\_\_\_
5. Anticipated graduation year: \_\_\_\_\_
6. Name of department head and/or advisor and his/her email address: \_\_\_\_\_  
\_\_\_\_\_
7. Attach a copy of that part of the university catalog that states the number of credit hours constituting a full load per semester. How many credit hours will you be taking per semester? \_\_\_\_\_
8. a. Expected income during the incoming school year (work, grants, spouse, parents, savings, etc.): \$ \_\_\_\_\_  
b. General family living expenses (lodging, food, utilities, insurance, medical, etc.): \$ \_\_\_\_\_  
c. Estimated education expenses (copy total amount from required submission list #7 on Page 1): \$ \_\_\_\_\_  
d. Total expected expenses (subtract 8b. and 8c. from 8a): \$ \_\_\_\_\_
9. What are your goals in pursuing this program of study? Use a separate sheet and attach it to this application.

I hereby attest to the truth of the statements made herein.

I further agree to report to the Committee any changes in my status or in my financial situation if such should develop.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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CHECKLIST – For Committee Use Only

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|---|---|
| 1. <input type="checkbox"/> Acceptance for admission to doctoral program. | 5. <input type="checkbox"/> Transcripts               |
| 2. <input type="checkbox"/> Audiological report                           | 6. <input type="checkbox"/> References (2)            |
| 3. <input type="checkbox"/> Program of study                              | 7. <input type="checkbox"/> FAFSA report or I-20 form |
| 4. <input type="checkbox"/> Copy of estimated education costs             | 8. <input type="checkbox"/> Application completed     |

All steps for consideration have been completed. GFF Chairperson's initials: \_\_\_\_\_