

Graduate Fellowship Application

The applicant must complete this form accurately and completely. Before an applicant can be awarded an assistantship, s/he must have been given <u>full</u> admission to the MBA program, have earned an undergraduate degree with a minimum cumulative gpa of 3.4 on a 4.0 scale, have scored at least 550 on the GMAT, and complete at least 15 credit hours over a twelve month consecutive period for each year awarded a fellowship. Fellowships are renewable for two additional years, given the Fellow maintains a cumulative graduate business gpa of at least 3.0.

Application Deadlines: Spring=Nov. 1, Summer= April 1, Fall= July 1

1. PERSONAL DATA

	Name						
	Last (Surname or Family Name) First (Given Name)					Middle	
	Current Mailing Addre						7:01
		Number	Street	С	ity	State	Zip Code
	Phone Numbers: H	ome		Cell		Work	
	Email Address(es)						
	Date of Birth	Gender	(circle one) Male	Female or	Gender Identity _		
	IU Student ID#			c	Citizenship		
2. E	DUCATION						
	Undergraduate Degr	ee Institution		Date	Major		Cum GPA
		msutution		Date	iviajoi		Cuill GFA
	Graduate Degree						
		Program		Semester/Yea	ar Admitted	Curr	ent GPA
	GMAT scores	te Taken	Verbal	Quantitativ	e Total	Analytical W	riting
3. A	Scholastic Honors and						
		A Awarus					
	Academic Clubs or C)rganizations					

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	Research or Publications	
4. EMF	PLOYMENT INFORMATION	
	Are you currently employed? Y N	
	If yes, name of employer:	
	Does your employer provide any tuition assistance (may be in the form of a scholars	ship, reimbursement, etc.)? Y N
	If yes, please list the amount, maximum benefit (per semester/course/year), and a	ny other relevant information regarding
	your employer's tuition assistance program:	
5 LET	TER OF APPLICATION	
Include a l	letter of application indicating your interest in a fellowship, including the financial a , your objectives in graduate study, and your long-term career goals. Please include to being selected for a fellowship.	nd educational importance of this de any other information you believe
	E READ THE FOLLOWING STATEMENTS CAREFULLY A DERSTANDING AND ACCEPTANCE BY SIGNING IN THE	
complete, and	all the information provided by me in connection with my application, whether on the lunderstand that any misstatement, falsification, or omission of information may be nies awarded.	
previous emplo subjects covere	any of the persons or organizations referenced in this application to give you any asyment, education, or any other information they might have, personal or otherwised by this application, and I release all such parties from all liability from any dama in information to you.	e, with regard to any of the
month consecu	It that acceptance of this Fellowship requires me to enroll in and complete at least tive period (which starts from the semester of admission) for each year awarded a sy result in termination of my Fellowship and obligation to repay of a portion of my	Fellowship. Failure to fulfill this
THIS APPLICA	TION MUST BE SIGNED. SIGN HERE:	
	Applicant Signature	Date

Please return this application form and all requested application materials by email to Patricia Agbetsiafa at pagbetsi@iusb.edu or you can mail them to the following address:

Indiana University South Bend Judd Leighton School of Business and Economics Office of Graduate Business Programs 1700 Mishawaka Avenue South Bend, IN 46634