

Academic Competitive Scholarship And Tuition Waiver Program

Turn in your completed application to: LBJ Fellowship Specialist in the Office of Student Affairs and Admissions - SRH 3.104 or scan and email to LBJfellowships@austin.utexas.edu

Student Nam	me: UT EID:	
Student Ema	ail:	
	m: OPhD MPAff MGPS DC Dual:	
International	al Student: Yes No	
Number of L	LBJ School full-time credit hours completed:	
Current GPA	A:	
Semester Sta	arted Degree Program: Fall Spring YEAR:	-
•	o Information ct the specific fellowship(s) for which you are applying:	
Acade	emic Competitive Scholarship Notarecipientof anyUniversityof TexasatAustinadministeredfellowshiporawa the year beginning September 1st in which you are applying.	ard foi
Tuition	on Waiver Program All non-Texas resident students who have not already been awarded a waiver and a not eligible for a waiver as a result of student employment.	re

Student Signature

By signing below, I acknowledge that I have read and understood the eligibility requirements related to the above selected fellowship. I further understand that a financial bar may be placed on my record, if I accept this award and I am not eligible.

Student Signature:		Date:		
Internal Use Only				
Full-timestudent? Yes No	Degree-seeking?"Yes "No	Goodacademicstanding?"Yes "No		
Verified by: Graduate Admissions & Pro	on ogram Coordinator Date			
Internal Use Only				
ScholarshipRequest: "Approved "De	eniedbyFellowshipCommitteeon	Award amount:		
Waiver Request: "Approved "Denied by Fellowship Committee on				
Note:				
Verified by: Fellowship Specialist	on 			