

## **Academic Competitive Scholarship and Tuition Waiver Program Application**

Submit your completed application to the LBJ Fellowships Office at SRH 3.387 or email to lbjfellowships@austin.utexas.edu

Student Name:	UT EID:
Student Email:	Date of Submission:
LBJ Program: PhD MPAff MGPS DC	Dual:
International Student:	
Number of LBJ School hours registered:	Current GPA:
Semester applying for:	
Fellowship Information	
Please select the type of award you are applying for:	
☐ Academic Competitive Scholarship (awarded onc	ce per academic year)
Eligibility Requirement: Not a recipient of any University of Texas at Austin administered fellowship or award for the academic year in which you are applying. You must be registered in a minimum of nine (9) credit hours in long semesters or a minimum of three (3) credit hours in the summer that credit toward your LBJ School degree and maintain at least a 3.0 grade point average.	
☐ Tuition Waiver (for nonresidents to receive in-state tuition rates)	
Eligibility Requirement: All non-Texas resident students who have not already been awarded a non-resident tuition waiver as a result of student employment. You must be registered in a minimum of nine (9) credit hours in long semesters or a minimum of three (3) credit hours in the summer that credit toward your LBJ School degree and maintain at least a 3.0 grade point average.	
Student Acknowledgement	
By signing below, I acknowledge that I have read and understand the eligibility requirements related to the above selected selections. Furthermore, I understand and agree that, should I be found to be ineligible or fail to meet the requirements, I will return the award monies or be subject to a non-financial administrative bar on my student record.	
Student Signature:	Date:
Internal Use Only	
Full-time student? ☐ Yes ☐ No Degree-seeking? ☐ Yes ☐ No	Good academic standing? ☐ Yes ☐ No
Request qualifies for selected scholarship?	GPA:
Verified By:	Date:
Scholarship Request: Approved Denied by Fellowship Committee	Date: Award Amount:
Tuition Waiver Request:	Date:
Approved By:	Date: