STOCKTON UNIVERSITY
BOARD OF TRUSTEES
Fellowships for Distinguished Students

Application Cover Sheet

Fall ____ **Spring ____**

Name: _____ Date: _____

Student ID: Z_____ Email:_____ Phone #: _____

Gender: _ ___ Race: _ __

Credits Completed: _____ GPA: _____ Major: _____

Class Standing: Freshman ____ Sophomore ____ Junior____ Senior____

Will you be enrolled full or part-time as an undergraduate student at Stockton during the semester immediately preceding the time period in which the funds will be used?
Yes ____ No ____

Title of Proposed Project/Study:

_____

_____

Please identify if your project is related to one of the following areas:

Social Justice____ Civic Engagement____ Experiential Learning/HIPS____

Is this project credit bearing, part of your senior thesis or otherwise required by your academic program of study?
Yes ____ No ____

Faculty/Staff Advisor: