



**The Dr. Martin Luther King, Jr.  
Graduate Fellowship Application**

*(PLEASE TYPE ALL RESPONSES)*

DATE: \_\_\_/\_\_\_/\_\_\_

NAME

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last First Middle

MAILING ADDRESS

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Street City State Zip

TELEPHONE : ( ) \_\_\_-\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ Male \_\_\_/Female \_\_\_

CITIZENSHIP (country) \_\_\_\_\_ Social Security Number: \_\_\_-\_\_\_-\_\_\_

Proposed graduate program: \_\_\_\_\_

Date you plan to begin graduate study \_\_\_\_\_

Undergraduate institution \_\_\_\_\_ Major: \_\_\_\_\_

Date of graduation: \_\_\_/\_\_\_/\_\_\_ G.P.A: \_\_\_\_\_

Please list honors and awards received during and since undergraduate study:

\_\_\_\_\_  
\_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_



Office use only

Date received: \_\_\_/\_\_\_/\_\_\_

Date letter sent: \_\_\_/\_\_\_/\_\_\_