

Application for Graduate Scholarship Program 2019-2020

New Mexico Highlands University Las Vegas, New Mexico 87701

Name	Studen	: ID @				
Mailing Address	City		State	Zip		
Telephone Number	Email address:					
DEGREE(S) OBTAINED:						
Major/Degree	Institution			Year Received		
The College/School Dean must receive your a	pplication with the fo	llowing materials to be a	attached to this a	application by Ap	 ril 13, 2019:	
1. One copy of all college/university transcrip	ts (student copies are	acceptable).				
2. Three (3) letters of recommendation from	your professors.					
3. A statement of academic and career goals	and objectives.					
Academic Record:						
1. Undergraduate cumulative grade point ave	erage:					
2. Undergraduate grade point average in you	r major:	(Specify major:)	
Qualifications:						
1. Are you a citizen of the United States?	YesNo					
2. If not a citizen, are you a permanent reside	nt of the United State	es?Yes	No			
3. I have been admitted or have applied to th	e NMHU graduate pro	ogram in (major)			_·	
4. Expected date of completion of graduate d	egree					
Please check your gender and ethnicity:						
Gender:MaleFemale						
Ethnicity:HispanicBlack/Afr	ican American	American Indian/Alas	ka Native	White	Native	
Hawaiian or Pacific IslanderOther (S	pecify)					
Disability (Explain):						

I understand that the number of Graduate Scholarships available is limited and will be awarded on a selective basis to the most qualified applicants who meet the guidelines as outlined in the program guidelines and who demonstrate financial need. I agree to serve in an unpaid internship or assistantship at NMHU, a government agency or private agency approved by the Office of Graduate Studies for ten (10)hours per week and a paid internship or assistantship for an additional ten (10) hours per week during the period of assignment.

Signed: ______



Nomination for the Graduate Scholarship Program 2019-2020

New Mexico Highlands University Las Vegas, New Mexico 87701 (To be submitted by the Dean with the Application Packet)

to

	lege/School m				
Nominee:					
Mailing Address					
City		State	_ Zip Code_		
Telephone Num	per	Email Address			
The Office of Gra	aduate Studies must rece	ive nominations for g	raduate sch	olarships by Friday May 10, 201	<mark>9</mark> in order
be considered for	r the 2019-2020 academ	ic year.			
	e attached to this Nomin statement of educational g				
2. One copy of all	college/university transcrip	ts (Student copies are a	cceptable for	evaluation purposes.)	
3. Letters of recon	nmendation from the Acade	emic Unit.			
4. A commitment	from the Academic Unit to a	a half-time assistantship).		
B. Academic Rec 1. Undergraduate	ord cumulative grade point ave	rage:			
2. Undergraduate	major grade point average:	(Specify m	ajor)
C. Qualifications 1United S	States Citizen orPe	ermanent Resident			
2. Admitted to the	ne graduate program indi	cated above:Ye	s No		
3. Gender:	_MaleFemale				
4. Ethnicity:	Hispanic Black,	/African American _	Americ	an Indian/Alaska Native	
		e Hawaiian or Pacific	slander	Other (Specify)	
	n):			(1 //	
By signing below, I agree	ee to designate a 0.5 graduate assi	stantship with this nominatic	n, to be awarded	l with the Graduate Scholarship for the aca	demic year.
Submitted by:					
	Graduate Program Coo	rdinator/Department	Chair	Date	
	College/School Dean			Date	