



# MERIT AWARD APPLICATION

The Graduate School  
1032 W. Sheridan Road, Chicago, IL 60660 · 773.508.3396 · fax 773.508.2460

Date \_\_\_\_\_

New Award

Renewal of Current Award

## BIOGRAPHICAL INFORMATION

Loyola PID Number (if available) P \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Title (Circle One) Mr. Mrs. Ms. Sr. Fr. Br. Dr. Rev.

Name \_\_\_\_\_  
Last or Family First Middle Previous or Other Surname(s)

## Mail Award Letter To:

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Day Telephone \_\_\_\_\_  
Area Code Number

E-Mail \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

If other than U.S.A. please indicate your status

Immigrant/Permanent Resident

Student Visa (F-1)

Exchange Visa (J-1)

Other \_\_\_\_\_

Name of Academic Program to which you are applying or in which you are enrolled \_\_\_\_\_

Degree Sought \_\_\_\_\_ Appointment sought for term beginning \_\_\_\_\_

## Status in Graduate School

Accepted, not yet enrolled

Currently Enrolled

Other

## QUALIFICATIONS

*Merit awards are offered on a competitive basis and your academic program may require detailed information on your qualifications for receiving a merit award (e.g., academic performance, teaching and research experience). Please contact your graduate program director to determine what, if any, material your program requires.*

**PROGRAM/DEPARTMENT RECOMMENDATION**

**Action**

Accept     Reject     Reason for rejection: \_\_\_\_\_

**Primary Assistantship Duties**

Teaching Assistant     Research Assistant     Program Assistant     Other\*

\*Please describe in the comment section below.

**Period of Award**

From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

STIPEND FUNDING	(a) AU #	(b) \$ Amount	(c) Start Date	(d) End Date	(e) PI/Budget Admin. Name
University Source		\$	/ /	/ /	
Grant Source		\$	/ /	/ /	
Other Source		\$	/ /	/ /	

**TOTAL STIPEND \$** \_\_\_\_\_

TUITION FUNDING	(a) AU #	(c) \$Amount	(b) HOURS	(c) Start Date	(d) End Date	(e) PI/Budget Admin. Name
University Source		\$		/ /	/ /	
# Semester Hours						
University Source		\$		/ /	/ /	
# Doctoral Study/ Dissertation Master's/ Study Thesis						
Grant/Other Source		\$		/ /	/ /	
# Semester Hours						
Grant/Other Source		\$		/ /	/ /	
# Doctoral Study/ Dissertation Master's/ Study Thesis						

**TOTAL TUITION \$** \_\_\_\_\_

**Comments** \_\_\_\_\_  
 \_\_\_\_\_

Signature of Graduate Program Director \_\_\_\_\_ Date \_\_\_\_\_  
 or Department Chair

Signature of P.I. Budget Administrator(s) \_\_\_\_\_ Date \_\_\_\_\_  
 (Required only for awards funded by grants or other sources)

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**GRADUATE SCHOOL REVIEW & APPROVAL**

Admitted to Program: \_\_\_\_\_ Credit Hours Completed: \_\_\_\_\_  
 GPA: \_\_\_\_\_ Incomplete Grade(s): \_\_\_\_\_

\_\_\_\_\_  
 Dean or Associate Dean Date