

JOHN H. EDWARDS FELLOWSHIP
Nominee's Statement of Financial Need

NAME (Ms./Mr.) _____ **IU ID #** _____

DEPARTMENT/SCHOOL _____

PHONE _____ **E-MAIL** _____

EXPECTED DEGREE _____ **EXPECTED YR OF COMPLETION** _____

Past and Current Department/University/Other Awards Received and Type (AI / GA / RA / Other):

Yes No
Year/semester of award _____ Type _____
Year/semester of award _____ Type _____
Year/semester of award _____ Type _____

Are you applying for or will you have any department/university support for AY 2008-2009?

Yes No
If yes, specify type and stipend amount, if known * _____

Check all that apply to this award:

Fee Remission Fee Reduction Eligible for G901 No Fee Support

Please write a brief statement of your need for continued financial support in order to complete your degree.

* **NOTE:** If you are awarded an Edwards Fellowship, you may not accept financial assistance from another source for the same award period.