Russell J. and Dorothy S. Pre-Dissertation Bilinski Fellowship in Linguistics

Application Form

1. Name: ________________________________________________________________________

2. Admitted to the Ph.D. Program in Linguistics: Year: _________ Semester: _________

3. Anticipated defense of proposal: Year: _________ Semester: ________

4. Dissertation Supervisor: ____________________________________________________________________________________

5. Program requirements:
   a. Remaining credits from the 33 required: __________________________
   b. Foreign Language Requirement: Completed_________ Not yet completed _______
   c. Qualifying Paper 1 Completion date (anticipated): ____________________________
   d. Qualifying Paper 2 Completion date (anticipated): ____________________________
   e. Comprehensive exams date (if applicable): _________________________________

6. Tentative title of dissertation (if not known, state so): ____________________________________
   __________________________________________________________________________________

Advisor Nomination

I, ________________________________, nominate the
(Printed Name of Applicant's Academic Advisor)
above stated applicant for the Bilinski PreDissertation Award in Linguistics.

Signature of Advisor: ________________________________ Date __________________

I, the applicant, hereby certify that all the information provided in this form is accurate to the best of my knowledge, and I understand that any misrepresentation or fabrication will result in forfeiture of the fellowship.

Signature of Applicant: ________________________________ Date __________________
Financial Certification for the Bilinski Pre-Dissertation Fellowship in Linguistics

1. Name: ____________________________________________

2. a. Undergraduate degree date: __________________________
   b. Undergraduate Institution: ____________________________________________
   c. Undergraduate education funded by:
      - Federal Grants/Loans ☐
      - Other Grants/Loans ☐
      - Work ☐
      - Personal Savings ☐
      - Other: ___________________________________________________________________

3. a. Master's degree date: __________________________
   b. Master's degree institution: ____________________________________________
   c. Master's education funded by:
      - Department Financial Aid ☐
      - Federal Grants/Loans ☐
      - Other Grants/Loans ☐
      - Work ☐
      - Personal Savings ☐
      - Other: ___________________________________________________________________

4. Current source(s) of financial support, including their ending date:________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ____________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

5. How will you complete your degree if you do not receive the Bilinski Fellowship? Please list any other sources of financial support to which you expect to have access (e.g., grants, employment, etc.).
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
One of the missions of the Bilinski Educational Foundation is to support students who have financial need. The Bilinski Selection committee must therefore weigh the academic merit of each application against the financial need of the applicant. In your own words, please explain how you qualify for the Bilinski Fellowship/Award in terms of financial need. Include any factors that you think are relevant, including (but not limited to): current salary, total household income, current rent and living costs, total accumulated debt, cost of supporting dependents, etc.

(1000 words maximum)

Type your answer here, or attaché separate sheet

I, the applicant, hereby certify that all the information provided in this form is accurate to the best of my knowledge, and I understand that any misrepresentation or fabrication will result in forfeiture of the fellowship.

Signature of Applicant: ____________________________ Date ________________
Checklist for Application Material:
☐ The three-page application form and financial certification.
☐ Current CV.

Important Dates:

Deadline for application: February 23, 2015
Notification of awards: March 06, 2015
Receipt of Funds: No earlier than May 01, 2015