

**Application for
The George R. Gist
Graduate Scholarship
in Extension Education**

Name: _____

Home address: _____

E-Mail address: _____

Cell phone: _____

Faculty advisor: _____

Time period for which support is requested: _____

Current degree program: _____ M.Ed. _____ M.S. _____ Ph.D.

Cumulative GPA: _____

Expected term of graduation: _____

Are you currently employed by Ohio State University Extension:
 _____ Yes _____ No

Attach a separate page (no more than three) to describe your proposal and budget for using the requested funds. These funds can be used for tuition, professional and research related travel, costs associated with data collection and analysis, or other graduate program expenses related to Extension Education.

Budget:

Please list and describe any associateship, fellowship, or financial support you will receive during the quarter and year you are requesting funds.

Certification/All Applicants Must Sign Below

I affirm the information that I have provided on this application, or any supportive financial aid materials, is complete, accurate, and true to the best of my knowledge. I understand that furnishing false information may result in revocation of my financial assistance or may result in disciplinary action pursuant to the Code of Student Rights and Responsibilities.

Applicant's signature _____ Date _____

Adviser's signature _____ Date _____

Please return to: Chair, Graduate Studies Committee, Department of Human and Community Resource Development, 2120 Fyffe Road, Room 208, Columbus, OH, 43210.