

GSA Brennan Summer Fellowship Awards – Exam Preparation

Applicant Information

Full Name: _____ Date: _____
Last First

Phone: _____ Email _____

Banner ID: _____

Department: _____

Exam Process

Please describe the comprehensive or licensing exam process in your department.

Financial Need

Please demonstrate how the award would facilitate your comprehensive exam preparation in a manner that could not be met through another funding source, such as employment or an existing scholarship, fellowship, or assistantship.

Signature

The student below is applying for the Exam preparation award. By signing below, I certify that this student has completed the coursework for their degree and is scheduled to take all written and oral exams.

Student _____
Signature: _____ Date: _____

Chair _____ Date: _____
Signature: _____