

# APPLICATION COVER SHEET

**Institute for Research and Education on Women and Gender**  
**University at Buffalo**  
**2017-2018**

|   |  |   |            |                  |             |
|---|--|---|------------|------------------|-------------|
| <b>Name</b>   |  |   |            |                  |             |
|   |  | Last Name   | First Name | M.I.             |             |
| <b>Contact Information</b>  |  | Email Address   |            | Phone Number     |             |
|   |  |   |            | UB Person Number |             |
|   |  | Local Street Address  |            | City, State      | Postal Code |
|   |  | Department and School   |            |                  |             |
| <b>Status:</b>  |  | <b>Applying for:</b>  |            |                  |             |
| <input type="checkbox"/> Faculty<br><input type="checkbox"/> Student  |  | <input type="checkbox"/> Undergraduate Scholarship<br><input type="checkbox"/> Duke's Feminist Theory Workshop<br><input type="checkbox"/> Faculty Research Grant<br><input type="checkbox"/> Isabel Marcus International Research Fellowship<br><input type="checkbox"/> Ph.D. Dissertation Fellowship |            |                  |             |
| <u>Undergraduate</u><br><input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior<br>If senior, what UB Graduate program will you be attending in Fall 2018? _____ |  |   |            |                  |             |
| <u>Graduate Student</u><br><input type="checkbox"/> Master <input type="checkbox"/> PhD<br>Name of advisor or faculty mentor: _____   |  |   |            |                  |             |
| <u>International Student</u><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |            |                  |             |

Students complete the following:

|                             |  |                       |             |   |
|-----------------------------|--|-----------------------|-------------|---|
| <b>Reference 1</b>          |  |                       |             |   |
|                             |  | Last Name, First Name | Affiliation | Email                                     |
| <b>Reference 2</b>          |  |                       |             | Phone                                     |
|                             |  | Last Name, First Name | Affiliation | Email                                     |
|                             |  |                       |             | Phone                                     |
| Expected Date of Graduation |  | Cumulative GPA        |             | For Undergraduates, GPA within your Major |