



EMPORIA STATE UNIVERSITY™

Graduate School
APPLICATION FOR THE LAURENCE C. BOYLAN AWARD

For Academic Year 2012-2013
Deadline: March 16, 2012

Graduate students meeting the following criteria are eligible to compete for one of two \$2,200 awards. The awards may be used to pay tuition/fees or to support research. Incomplete applications will not be considered for the award. It is the student's responsibility to make sure applications are complete.

- 1. Applicants must have been admitted to a graduate program and have completed one year of study with a GPA of at least 3.0.
2. Applicants must submit with this application a copy of their Free Application for Federal Student Financial Aid (FAFSA) or provide other documentation of financial need.
3. Applicants must attach a letter describing how their education or degree program relates to future plans.
4. Applicants must ask three faculty members to write a letter of support speaking to their qualifications for the award. Letters of support must be written specifically for the Boylan Scholar Award and received in the Graduate School by the application deadline.

Name Student ID

Address

E-mail address Telephone

Undergraduate college(s) attended

Undergraduate major Minor

Overall grade point average, Undergraduate Graduate

Date of admission to graduate program Graduate major at ESU

Planned use of Boylan Award (check one): tuition/fees support research

Print or type below the names and addresses of each reference:

1. Name

Address

2. Name

Address

3. Name

Address

Return completed form to: Boylan Scholar Award Committee
Graduate School - Campus Box 4003
Emporia State University
Emporia, KS 66801

## Letter of Recommendation

## I. To be completed by applicant (please print or type):

Name of applicant: \_\_\_\_\_

Applying for:  Last  First  Middle  Student Identification Number  
 Boylan Scholar Award

Department/School: \_\_\_\_\_

I agree that the recommendation I am requesting shall be held in confidence by officials of Emporia State University, and I hereby waive any rights I may have to examine it.  Yes  No

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## II. To be completed by the recommender:

(A letter of reference on institutional letterhead may be submitted in lieu of this form). Please indicate how long and in what capacity you have known the applicant. We would appreciate your evaluation of the applicant's past work and overall potential for doing graduate work and/or performing as a teaching or research assistant. The checklist below may be useful in suggesting areas on which to comment. (Use reverse or second sheet if necessary.)

Please rate the applicant according to the following scale:

**5** = outstanding. **4** = excellent **3** = very good, **2** = good, **1** = fair, **0** = poor, **N** = no basis for judgment\_\_\_ Intellectual capability \_\_\_ Ability to express thoughts in writing \_\_\_ Teaching ability (if known) \_\_\_ Motivation  
\_\_\_ Research skill \_\_\_ Ability to express thoughts orally \_\_\_ Maturity \_\_\_ Overall ability

Recommender's name \_\_\_\_\_ Position or title \_\_\_\_\_

(please print or type)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Please return this form directly to **Graduate School, Box 4003, Emporia State University, 1200 Commercial, Emporia, KS 66801-5087**



## Letter of Recommendation

## I. To be completed by applicant (please print or type):

Name of applicant: \_\_\_\_\_

Last

First

Middle

Student Identification Number

Applying for:  Boylan Scholar Award

Department/School: \_\_\_\_\_

I agree that the recommendation I am requesting shall be held in confidence by officials of Emporia State University, and I hereby waive any rights I may have to examine it.  Yes  No

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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\_\_\_ Intellectual capability    \_\_\_ Ability to express thoughts in writing    \_\_\_ Teaching ability (if known)    \_\_\_ Motivation  
\_\_\_ Research skill    \_\_\_ Ability to express thoughts orally    \_\_\_ Maturity    \_\_\_ Overall ability

Recommender's name \_\_\_\_\_ Position or title \_\_\_\_\_

(please print or type)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

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