



EMPORIA STATE UNIVERSITY™

Office of Graduate Studies
APPLICATION FOR THE LAURENCE C. BOYLAN AWARD

For Academic Year 2009-2010
Deadline: February 23, 2009

Graduate students meeting the following criteria are eligible to compete for two \$2,300 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 be a resident of Emporia or Lyon County.
3. 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.
4. Applicants must attach a letter describing how their education or degree program relates to future plans.
5. 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 Office 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
Office of Graduate Studies - Campus Box 4003
Emporia State University
Emporia, KS 66801

I. To be completed by applicant (please print or type):Name of applicant: _____
Last First Middle Student Identification NumberApplying 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: _____

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 Studies, Box 4003, Emporia State University, 1200 Commercial, Emporia, KS 66801-5087**

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