Graduate School
APPLICATION FOR THE ROBERT J. GROVER GRADUATE STUDENT SCHOLARSHIP

For Academic Year 2013-2014
Deadline: November 22, 2013

Graduate students meeting the following criteria are eligible to compete for two $350 awards. Incomplete applications will not be considered for the award. It is the student’s responsibility to make sure applications are complete.

1. Applicants must be a full-time (5 cr. hr. minimum), degree-seeking graduate student with a gpa of 3.75 or better.
2. Applicants must submit a current resume.
3. Applicants must attach a statement of purpose for their ESU graduate experience.
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 Robert J. Grover Graduate Student Scholarship and received in the Graduate School by the application deadline (forms attached).

The scholarship is renewable and students may reapply each year providing they are progressing toward a degree at ESU.

Name ___________________________ Student ID ___________________________
Address ___________________________________________________________________
E-mail address ______________________ Telephone _______________________
Date of admission to graduate program _______________ Graduate major at ESU _______________________

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

1. Name ___________________________ Address ___________________________
Address ___________________________________________________________________
2. Name ___________________________ Address ___________________________
Address ___________________________________________________________________
3. Name ___________________________ Address ___________________________

Return completed form to: Grover Scholarship Award Committee
Graduate School - 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 ID

Applying for:  ☐ Robert J. Grover Graduate Student Scholarship

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_____________________

Signature___________________________________________________  Date_______________________

Address____________________________________________________________________________________________

_________________________________________________________Telephone_________________________________

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

Letter of Recommendation

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

Name of applicant: ____________________________________________

Last                       First                  Middle                 Student ID

Applying for: ☐ Robert J. Grover Graduate Student Scholarship

Department/School: ____________________________________________

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Applicant’s signature: ________________________________________ Date: ______________

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Research skill Ability to express thoughts orally Maturity Overall

Recommender’s name __________________________________________ Position or title ____________________________

Signature __________________________________________ Date ______________

Address _________________________________________________

________________________________________ Telephone

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Recommender’s name___________________________________________  Position or title________________________

Signature____________________________________________________________  Date_________________________

Address____________________________________________________________________________________________

__________________________________________________________________________________________________

_________________________________________________________Telephone_________________________________

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