

The Chancellor's Centennial Scholarship was created to benefit **graduate** students at the University. This scholarship is awarded to one outstanding graduate student from each of the University's six Colleges. Candidates should demonstrate both high academic achievement and financial need.

For Office Use Only			
Date Received _____	Initials _____		
Complete: Y N	Coded: Y N	College _____	

**Eligibility Criteria:**

- **Must be a graduate student at the University**
- **Must maintain GPA of 3.2 or better**
- **Must be enrolled full-time (9 credits) and be fully matriculated in a graduate program**
- **Must have been enrolled as a matriculated graduate student at least one semester preceding this school year**

*Please complete the following. Incomplete applications will not be considered.*

_____		_____		_____	
Last Name		First Name		Student ID Number	
_____		_____		_____	
Permanent Street Address		City	State	Zip	
_____		_____		_____	
Phone		UMD Major			
_____		_____			
UMD Email Address					
_____					

**The following items must also be included with this application form:**

- 200-word essay describing your career goals, obstacles you have overcome in your pursuit of education, and why you are a candidate for this award.
- Unofficial UMD transcript. Can be obtained from the Registrar's Office or COIN
- Your résumé which includes employment history, honors and awards received, and extracurricular activities such as community service and/or volunteer organizations.
- A letter of recommendation from a faculty member. See attached form.

**Note for International Students:** If you are an international student and cannot complete a FAFSA, please also include a statement that addresses the following questions: How are you currently financing your UMD master's degree? What, if any, UMD assistantships do you currently hold, did you previously hold, or do you plan to hold in the 2019-20 academic year? What is your current source of income?

*I authorize release of my relevant demographic, academic and financial aid information to the selection committee and/or fund donor.*

_____	_____	_____
Printed Name	Signature	Date

Please return completed application materials by **March 1, 2019**, to the Financial Aid Office, University of Massachusetts Dartmouth, Foster Administration Building Room 105, 285 Old Westport Rd. Dartmouth, MA 02747 or [financialaid@umassd.edu](mailto:financialaid@umassd.edu)

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**UMass Dartmouth Foundation Graduate Scholarships****-Faculty Recommendation-**

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Applicant's Name

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Student ID number

The University Merit Scholarship Committee seeks your help in evaluating this applicant for the Chancellor's Centennial Scholarship, which is awarded on the basis of academic merit. We hope you can provide additional information on what makes this student extraordinary. Please use the form of reply that is most convenient to you: either answering the questions as they are written here, or submitting a separate letter on UMass Dartmouth letterhead.

1. Please describe this student's leadership qualities. Please give examples if possible.

2. Please discuss your experience with this student's particular areas of academic excellence and creativity.

3. How would you rank this student in comparison to others you have taught, and why?

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Faculty Member's Printed Name

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Signature and Date