

# GPSA DISSERTATION GRANTS APPLICATION FORM

GPSA Awards and Scholarships Committee

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## Section I – Applicant Details

Date of application: \_\_\_\_\_

Applicant name: \_\_\_\_\_

WSU ID: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

WSU CGPA: \_\_\_\_\_

Local address (street, city, state, zip):

\_\_\_\_\_  
\_\_\_\_\_

Address after May 15, 2021 if different from above:

\_\_\_\_\_  
\_\_\_\_\_

Date admitted to WSU Graduate School: \_\_\_\_\_

Department & Graduate Degree Pursuing: \_\_\_\_\_

\_\_\_\_\_

Completion Date of preliminary exam: \_\_\_\_\_

Applicant's WSU Research Project Advisor: \_\_\_\_\_

Research Project Advisor email: \_\_\_\_\_

Have you received any other funds for this research? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide the name of the funds that you have received and the

amount \_\_\_\_\_