

**APPLICATION FOR  
THE GEORGE R. GIST  
GRADUATE SCHOLARSHIP  
IN EXTENSION EDUCATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CAMPUS PHONE: \_\_\_\_\_

QUARTER(S) AND YEAR FOR WHICH SUPPORT IS NEEDED: \_\_\_\_\_

DEGREE WORKING TOWARD: \_\_\_\_\_ M.S. \_\_\_\_\_ PH.D.

GPA TO DATE: \_\_\_\_\_

QUARTER & YEAR YOU EXPECT TO GRADUATE: \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED BY OHIO STATE UNIVERSITY EXTENSION:

\_\_\_\_\_ YES \_\_\_\_\_ NO

USE THE SPACE BELOW AND THE REVERSE SIDE TO DESCRIBE YOUR PROPOSAL AND PRESENT BUDGET FOR USING THESE FUNDS. THESE FUNDS CAN BE USED FOR TUITION, PROFESSIONAL AND RESEARCH RELATED TRAVEL, COSTS ASSOCIATED WITH DATA COLLECTION AND ANALYSIS, OR OTHER GRADUATE PROGRAM EXPENSES RELATED TO EXTENSION EDUCATION.

BUDGET:

PLEASE LIST AND DESCRIBE ANY ASSOCIATESHIP, FELLOWSHIP, OR FINANCIAL SUPPORT YOU WILL RECEIVE DURING THE QUARTER AND YEAR YOU ARE REQUESTING FUNDS.

CERTIFICATION / ALL APPLICANTS MUST SIGN BELOW

I affirm the information that I have provided on this application, or any supportive financial aid materials, is complete, accurate, and true to the best of my knowledge. I understand that furnishing false information may result in revocation of my financial assistance or may result in disciplinary action pursuant to the Code of Student Rights and Responsibilities.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADVISER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please return to Graduate Studies Committee Chair, Department of Human and Community Resource Development, 2120 Fyffe Road, Room 208, Columbus, OH 43210 by **May 23, 2008**.