One scholarship is awarded per year. The amount of the award varies and is determined by the UMass Fund. When possible, the name of the recipient will be announced at the GSA Spring Awards Banquet in May. The scholarship will be applied to the recipient’s student account.

Eligibility requirements:
1) must be a fully matriculated graduate student,
2) must have a minimum GPA of 3.3 (with no incompletes), and
3) must have demonstrated financial need.

Selection criteria:
1) academic record,
2) demonstrated financial need (key criterion),
3) service to the University and/or community, and
4) strong individual capacity or ability in creative field or discipline.

Application materials must be received by Friday, March 31, 2017 by 4:30 pm and must include:
1) completed application form,
2) copy of financial aid award letter (if applicable),
3) one letter of reference from a faculty member within your department of study who is familiar with your research, academics and/or creative abilities, and
4) an unofficial transcript.

Submit application to the Graduate Programs Office, Cumnock Hall-Suite 110, One University Avenue, North Campus or via email to Deborah.White@uml.edu (Note: letters of recommendation must be signed by the faculty member and be sent in a sealed envelope or emailed directly from the faculty member to Ms. White.)

Selection of the recipient will be made by a committee appointed by the Vice Provost for Graduate Education.
PAUL E. TSONGAS MEMORIAL AND GRADUATE STUDENT ASSOCIATION SCHOLARSHIP APPLICATION

PERSONAL DATA

Name: First __________________________ Last __________________________

Student ID#: __________ Telephone: ______________ Email: __________________

Local Address:                Street __________________________________________
                                          City, State Zip __________________________

EDUCATION

Undergraduate College: __________________________ Year of Graduation: ______

Major: __________ GPA: ______

Current Graduate Program: __________________________ Date Admitted: ______

Expected Graduation Date: __________________________

FINANCIAL SUPPORT

Current Employment (including TA or RA positions):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Describe any financial hardships that impact your ability to finance your education.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

GOALS

Briefly describe your motivation for beginning or continuing your graduate education.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
CURRENT RESEARCH
Briefly describe your current research (a one page, double spaced, 12 pt font abstract may be attached to your application.)

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

GRADUATE COMMUNITY SERVICE
List the graduate student organization(s) to which you currently belong and any community service in which you have been involved in the past year.

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

STATEMENT
I certify that the information provided on this application is accurate. I give the University of Massachusetts Lowell permission to publicize my award should I be a recipient. I understand that should I be chosen as the recipient the award will be split and credited to equally to my Fall 2016 and Spring 2017 student account.

Signature of Applicant ___________________________ Date ____________

APPLICATION DEADLINE: Friday, March 31, 2017
Submit application to the Graduate Programs Office, Cumnock Hall-Suite 110, One University Avenue, UML North or via email to Deborah_White@uml.edu (Note: letters of recommendation must be signed by the faculty member and be sent in a sealed envelope or emailed directly from the faculty member to Ms. White.)