

Holmes Scholars® Program Application

1.	Name of Applicant:			
	Last	First	Middle	Z Number
	Current Mailing Address:			
	Telephone Numbers: Home	Cell		
	Area co	de/number	Area code	e/number
	E-mail Address:			
2.	Sex: ☐ Male ☐ Female			
3.	U.S. Citizen? ☐ Yes ☐ No			
4.	Racial/Ethnic Identification (select all	that apply):		
	☐ Asian (specify)			
	□ Black (specify)			
	☐ Latino/Hispanic(specify)			
	□ Native American (specify tribe)		_	
	☐ Pacific Islander (specify)			
	☐ Other (specify)			
5.	Current doctoral program department:			
	a. What year did you enter? (MM/YY			
	b. Anticipated Graduation date? (MM			
	c. Name of your faculty advisor:			
	,			
6.	Please check all that apply to you. Cur	rently, do you ha	ave a:	
	☐ Fellowship: Name			
	☐ Graduate Assistantship: Name of th	e Department		
	☐ Teaching Assistantship: Name of th	ne Department		_
	☐ Research Assistantship: Name of the			
	☐ Other (please specify)			
	I understand that I should meet the Ho	lmes Scholars Pr	rogram expectation	ons
	Signature of the Applicant		Date	
	College of Education	n • 777 Glades Ro	ad • Boca Raton, I	FL 33431
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