

COLLEGE OF ARTS AND SCIENCES

PSYCHOLOGY DEPARTMENT, 3452  
NEW MEXICO STATE UNIVERSITY  
PO BOX 30001  
LAS CRUCES NM 88003-8001  
Telephone (505) 646-2502

**APPLICATION FOR FINANCIAL SUPPORT**

**COMPLETE AND MAIL THIS APPLICATION TO THE DEPARTMENT OF PSYCHOLOGY**

1. NAME \_\_\_\_\_ SS# \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

2. DEPARTMENT \_\_\_\_\_ MAJOR \_\_\_\_\_  
\_\_ ASSISTANTSHIP \_\_ FELLOWSHIP OR TRAINING \_\_ OTHER (SPECIFY)

3. PRESENT ADDRESS \_\_\_\_\_ (UNTIL WHAT DATE?) \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_

4. DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_  
NUMBER OF CHILDREN \_\_\_\_\_ OTHER DEPENDENTS \_\_\_\_\_

5. LIST ALL POST HIGH SCHOOL EDUCATIONAL INSTITUTIONS ATTENDED AND DEGREES AWARDED OR EXPECTED.

INSTITUTION	FROM TO	DEGREE	DATE AWARDED/EXPECTED

6. FOREIGN LANGUAGES YOU CAN READ (NOTE YOUR PROFICIENCY).

\_\_\_\_\_

7. HONORS OR ACADEMIC AWARDS RECEIVED. \_\_\_\_\_

8. MAKE A BRIEF STATEMENT ABOUT YOUR PROPOSED PROFESSIONAL CAREER (CONTINUE ON BACK, IF NECESSARY).

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9. LIST THE NAMES AND ADDRESSES OF AT LEAST THREE COLLEGE TEACHERS WHOM YOU HAVE REQUESTED TO FILL OUT THE ENCLOSED REFERENCE FORMS. THESE FORMS SHOULD BE MAILED BY THE TEACHERS DIRECTLY TO THE HEAD OF YOUR DEPARTMENT AT NEW MEXICO STATE UNIVERSITY.

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