**Graduate Scholar Success Fund – Nomination Form**

This nomination form should be finalized and submitted by the Associate Dean of each respective School.

**Nominee Information**

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Student ID#: | Click or tap here to enter text. |
| Program: | Click or tap here to enter text. |
| Faculty Advisor: | Click or tap here to enter text. |

**Nominee Eligibility***Verify that the nominee meets basic eligibility requirements*

[ ] Minimum graduate-level UCI GPA of 3.7

[ ] First-generation college student (doctoral or MFA), with neither parent having received a four-year degree

**Description of Funding** (*for the current academic year)*

Click or tap here to enter text.

**Justification for Funding** (short answer)note**:** *Please be specific, this should be funding in response to an unexpected situation where emergency support is needed. The funds being request are intended for the current use and/or the incoming quarter. The student should be facing urgent financial need.*Click or tap here to enter text.

**Proposed Funding***Schools may request up to $5,000 from the Graduate Division, provided they can match amount requested.*

Proposed Graduate Division total contribution: Click or tap here to enter text.

Proposed [School/Program] total contribution: Click or tap here to enter text.

Proposed total award to student: Click or tap here to enter text.

**Proposed Funding Schedule**Enter the specific funding schedule being requested

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Unit** | **Quarter**  | **Fees & Tuition** | **Stipend** |
| Graduate Division | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| School Match | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |