



Youth Development Leadership Fellowship Awards Application for Graduate Students

The **Mary and Leo Quinn Fellowship for Youth Development Leadership** was established in loving memory of Mary and Leo Quinn by their children. The **William H. Quinn Fellowship for Youth Development Leadership** was established by Dr. William H. Quinn, the Founding Coordinator of Youth Development Programs. Funds will provide fellowships to students enrolled or enrolling in Youth Development Leadership. The Fellowship Program considers requests received directly from students for financial support depending on need and/or merit. Students can apply for up to **\$1,000 per year for no more than two years** for scholarly and professional development support. The Youth Development Leadership Faculty meet once per year year to make awards to students. Continuing fellowship support is determined following a review of academic progress at the end of each semester.

If completing form by hand, please PRINT or TYPE

Name _____ XID# (CUID) _____

Citizenship _____ Number of dependents _____

Department to which you are applying _____

Graduate degree program _____

Residency:

In-state resident

Out-of-state resident

Beginning semester for which assistance is desired:

Fall: August 20 _____ (year)

Spring: January 20 _____ (year)

Anticipated date of graduation _____

Mailing address _____

Apartment number and street, P.O. box, etc.

City _____ State _____ Zip _____ Country (if not U.S.) _____

Email address _____ Telephone (day) _____ Telephone (evening) _____

Education _____

Undergraduate degree and major

Date of degree

Institution

Master's major (if applicable) _____ Date of degree _____ Institution _____

What are your career objectives? _____

How has/will the YDL MS program contributed to these objectives: _____

Current employment and responsibilities: _____

Youth Development Leadership Fellowship Awards Application for Graduate Students (continued)

Academic honors you have received: _____

Professional experiences serving youth, families, and your community: _____

Professional honors or recognition you have received: _____

Further comments or additional information that may be helpful in evaluating your application: _____

The Youth Development Leadership Faculty determines awards based on need as well as merit. **Need** is determined by documentation provided by the student (preliminary FAF and/or income tax documentation from the previous year). **Merit** is determined by a review of courses, grades earned, and/or excellence in the service of youth and families. **Please provide the appropriate financial documentation with this form.**

Signature of applicant

Date

Return completed form with financial documentation to:

**Youth Development Leadership
170 Sistine Hall
Clemson, SC 29634**

Or click this link to submit via email

(Don't forget to attach financial documents) YOUTHDEV@CLEMSON.EDU

YOUTH DEVELOPMENT LEADERSHIP FACULTY USE ONLY BELOW THIS LINE

Institutional Action

Student notified of support Amount: \$ _____

Student notified of non-support Reason: _____

Staff member name (print) _____ Date _____

Staff member signature _____