



2024-2025 Clemson University Doctoral Dissertation Completion Grants **Application: Student Information Form**

Last Name:	First Name:	
Clemson Email Address:		
Clemson XID#:		
	at Clemson University (mm/yyyy):	
Anticipated graduation date (mm/yyyy):		

Please attach the following items to this form as a single PDF document (please make certain **your name appears on each page** of the application materials requested below):

<u>Dissertation Description</u>: Please write a brief (approximately 200 words) lay description of your dissertation topic.

<u>Productivity</u>: Please provide a list of your scholarly productivity (e.g., publications, performances, book chapters). These materials may be at any stage of preparation (e.g., prepared, submitted, under review, in press, or published).

<u>Diversity and Inclusion</u>: Please prepare a paragraph describing your commitment to the Clemson University goals of diversity, equity, and inclusion.

<u>Barriers to Completion</u>: Please write a brief description of how this support will allow you to complete your degree (e.g., what barriers will this support help you to overcome?).

<u>Current financial support</u>: Please outline your current financial support, please include assistantships, fellowships, scholarships, and other forms of financial support. (Use the table on last page)

<u>Past financial support</u>: Please use the table on the last page to list your past financial support while at Clemson.

<u>Budget Justification</u>: Please append a detailed budget justification for each major expense to this application. The justification should include dollar totals, should be reasonable, and should explain how you will use the resources you have requested above. If support for travel is requested, please provide a detailed explanation of how travel will support your dissertation. Travel is subject to university restrictions and/or restrictions related to COVID-19. Students must be present in the United States for the duration of this award.

Unofficial Transcript: Please attach a PDF copy of your unofficial transcript.

Application is Due: Monday, May 13, 2024, 5PM.





2024-2025 Clemson University Doctoral Dissertation Completion Grants **Application: Budget Form**

<u>Budget requested</u>: Please use the spaces below to enter the total requested for this award. If you are seeking stipend support, please be aware the **maximum total** you can request is \$10,000 for a single long semester (fall or spring) or \$16,000 for a long semester + summer [\$10,000 for one long semester, with \$6,000 for summer for a total of \$16,000]. To support as many students as possible, we do not offer support for two long semesters (fall and spring). Please indicate if GAD is requested (Please Note: stipend must be requested to receive GAD). This award will not cover meals or per diem.

Applicant's Nan	ne (First ar	nd Last Name):					
Graduate stipend requested: \$							
•		n remission (GAD) requ nd questions to vpr@cl		y, GAD is requested with stipend support. If			
Yes	N	lo					
If GAD is reques	sted, whic	h semesters should be	covered? <i>Please</i>	mark all semesters even if graduating early.			
Fall 2024	Yes	No					
Spring 2025	Yes	No					
Summer 2025	Yes	No					
			•	lanation of how travel will support the cion):			
•		• • • • • • • • • • • • • • • • • • • •	•	ary employees to provide expertise/support			
If you will be pa employee?	ying hourl	ly wages, is the person	you intend to hir	re hourly a Clemson University student or			
Yes	No	if yes, please mark	Student	Employee			
OTHER Expense	s not mer	ntioned above including	g materials or sup	oplies:			
TOTAL AMOUN (You do not nee		STED: \$ de GAD in this total)					





2024-2025 Clemson University Doctoral Dissertation Completion Grants **Application: Advisor and Department Chair Affirmation**

Applicant's Advisor Information:		
Applicant's Name (First and Last Name):		
Advisor Full Name:		
Advisor's Email Address:		
Advisor's Department:		
Department Financial Contact Name:		
Department Purchasing Contact Name:		
If the applicant has been supported on a sponsored project(splease provide those project(s) account number(s) here:		
If you or your department plans to supplement the requeste the type of support offered and total amount of support:		se briefly describe
Applicant's Advisor Affirmations: I support the application for a Doctoral Dissertation Complet	·	ma)
I affirm the above-named applicant will graduate in (mm/yyy		nej
I affirm the above-named applicant is in good standing with	Clemson University.	□Not Affirm
Advisor's Signature	Date	
Applicant's Signature	Date	
In the event that this Fellowship is not awarded, I will work v secure support for this student.	vith the Department Chair and/o	or College Dean to
Advisor's Signature	Date	





Date

Applicant's Department Chair Affirmations:

		(please enterplication is not chosen to receive a Doctoral Dissertation Completion what mechanism(s)(please choose one for each semester the stude	
Fall 202	4		
	GTA		
	GRA		
	GGA		
	N/A		
	Other		
Spring			
	GTA		
	GRA		
	GGA		
	N/A		
	Other		
Summe	r 2025 GTA	, □	
	GRA		
		_	
	GGA		
	N/A Other		
	Other		
I affirm	the app	plicant (enter applicant's name)	is in good
		Clemson University.	

Department Chair's Signature





2024-2025 Clemson University Doctoral Dissertation Completion Grants **Application: Financial Support Information**

Applicant's First & Last Name _		 	
Current Financial Support and	l Forward:		

Semester - Fall, spring, summer	Year	Type of Support	Number of Hours	Funding Amount

Past Financial Support During Graduate Years:

Semester - Fall, spring, summer		Type of Support	Number of Hours	Funding Amount