

**Wright Fellowship Application Form**  
Graduate School  
Wright State University

Name: \_\_\_\_\_

UID: \_\_\_\_\_

Graduate Program: \_\_\_\_\_

Undergraduate Institution(s): \_\_\_\_\_

Undergraduate Major(s): \_\_\_\_\_ GPA: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*Please attach to this form the following:*

- A written statement regarding how the applicant's knowledge, skills, and/or experience add to the diversity of the applicant's chosen field and the WSU community (500 words or less)
- A resume or CV from the applicant
- A letter of recommendation that speaks to the individual's relationship to the applicant, as well as the past performance and future potential of the applicant