

THE MR. & MRS. SPENCER T. OLIN FELLOWSHIP FOR WOMEN
A JOINT UNDERTAKING OF THE MONTICELLO COLLEGE FOUNDATION AND WASHINGTON UNIVERSITY

PERSONAL AND ACADEMIC INFORMATION FORM

(Please print or type)

Name _____
(Last) (First) (Middle) (Former, if any)

Area of proposed graduate or professional study _____ Degree sought _____

Current mailing address _____
(Number and street) (City) (State/country) (Zip)

Until _____ Current phone (_____) _____
(Area) (Number)

Permanent address _____
(Number and street) (City) (State and country) (Zip)

E-mail address _____ Permanent phone (_____) _____
(Area) (Number)

Social Security No. _____ Citizenship _____

Birth date _____ Place _____
(City/county) (State) (Country)

Please list the names and addresses of the persons writing your letters of recommendation:

1.) _____
(Name) (Position)

(Address—include relevant institution, city, state, country, and zip as necessary)

2.) _____
(Name) (Position)

(Address—include relevant institution, city, state, country, and zip as necessary)

3.) _____
(Name) (Position)

(Address—include relevant institution, city, state, country, and zip as necessary)

Dates you will take or have taken the GRE, LSAT, MCAT, or comparable examination, if required: _____

I certify that the information provided on this form is complete and accurate. I also agree, if selected as an Olin finalist, to visit Washington University for an interview or forfeit consideration for the Fellowship. If I am selected as an Olin Fellow, I agree to participate in the Mr. & Mrs. Spencer T. Olin Conference each year of my fellowship tenure.

Signature of applicant _____

Date _____

Return to Olin Fellowship Program, Graduate School of Arts and Sciences, Campus Box 1187, One Brookings Drive, Washington University, St. Louis, Missouri 63130-4862.