



SOUTH CAROLINA STATE UNIVERSITY
 JAMES E. CLYBURN UNIVERSITY TRANSPORTATION CENTER
FELLOWSHIP APPLICATION

PART I

PLEASE TYPE

Name: _____ Social Security Number: _____

Classification: Graduate Student
 1st Year 2nd Year

Date of Birth (month/day/year): _____ Undergraduate GPA _____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Mobile: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Telephone Number: _____

Applying for:

- James E. Clyburn Transportation Fellowship
- Leroy Davis Transportation Fellowship
- National Disaster, Coastal Infrastructure and Emergency Management Fellowship (NDCIEM)

Gender

- Male
- Female

US Citizen

- Yes
- No

Ethnicity (Optional)

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Black | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Other |

Transportation Related Work Experience

Employer	Address	Date of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART II

Potential for a Career in Transportation

Summarize your long-range professional goals in transportation. Describe your educational background; personal and work experiences; accomplishments; volunteer activities; and events in your life relevant to your goals. Relate this information to any plans you may have for doctoral study. The statement should be limited to two (2) pages and should be reflective of your organizational, planning and leadership abilities.

PART III

ATTACHMENTS

Please attach the following items:

- Copy of letter verifying Full Admission to the Graduate School
- Copy of letter verifying Full Admission to the Degree Program (Program of Study)

I understand that I must remain in full-time enrollment status and in good academic standing in order to maintain the financial support requested above. If my academic course load falls below the full load requirement (9 hrs.), I will report this to the James E. Clyburn University Transportation Center, Education Coordinator and the School of Graduate Studies immediately.

Signature of Applicant

Date

Return Completed Application to:

**Education Coordinator
James E. Clyburn University Transportation
South Carolina State University
Post Office Box 8144
Orangeburg, SC 29117
(803) 516-4692 or (803) 536-8863
Fax: (803) 516-4693**