

APPLICATION FOR GRADUATE ASSISTANTSHIPS/SCHOLARSHIPS  
History Department  
P. O. Box H  
Mississippi State University  
Mississippi State, MS 39762

New \_\_\_\_\_

SS# \_\_\_\_\_

Renewal \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address to which notification  
should be sent: \_\_\_\_\_  
\_\_\_\_\_

Application for:  
\_\_\_\_\_ Teaching Assistantship  
\_\_\_\_\_ Dissertation Fellowship  
\_\_\_\_\_ First Year M.A. Student Scholarship

Desired appointment beginning date: \_\_\_\_\_

Major Field \_\_\_\_\_ Minor Field \_\_\_\_\_

Toward what degree will you be working at MSU? \_\_\_\_\_

Have you been admitted to the MSU History Graduate Program? \_\_\_\_\_

When? \_\_\_\_\_

Degrees	Date Received	Institution	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_