Financial Certification for the Bilinski Research Award in Linguistics

1. Name: ____________________________________________________________

2. a. Undergraduate degree date: __________________________
   b. Undergraduate Institution: _______________________________________
   c. Undergraduate education funded by:
      Federal Grants/Loans ☐
      Other Grants/Loans ☐
      Work ☐
      Personal Savings ☐
      Other: __________________________________________________________

3. a. Master's degree date: __________________________
   b. Master's degree institution: _______________________________________
   c. Master's education funded by:
      Department Financial Aid ☐
      Federal Grants/Loans ☐
      Other Grants/Loans ☐
      Work ☐
      Personal Savings ☐
      Other: __________________________________________________________

4. Current source(s) of financial support, including their ending date:________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

5. How will you complete your degree if you do not receive the Bilinski Fellowship? Please list any other sources of financial support to which you expect to have access (e.g., grants, employment, etc.).
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
I, the applicant, hereby certify that all the information provided in this form is accurate to the best of my knowledge, and I understand that any misrepresentation or fabrication will result in forfeiture of the fellowship.

Signature of Applicant: ______________________________ Date __________________