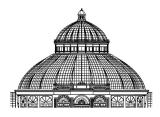
2900 Southern Blvd. Bronx, NY 10458-5126 Phone: 718-817-8171 www.nybg.org



### THE NEW YORK BOTANICAL GARDEN

# Graduate Studies Program Fellowship Application

LAST OR FAMILY NAME	FIRST NAME	MIDDLE	NAME		
OTHER NAMES T	HAT MAY APPEAR ON YOUR ACA	DEMIC RECORDS			
J.S. Social Security Number:		Date of Birth:  MONTH/DAY/YEAR			
Of which country are you a citizen?	Date of	Date of entry into U.S.A.:			
Type of visa you hold 🔲 or will ho	old 🗌				
Permanent resident F-1 J-1	1 Diplomat Other	(specify)			
Mailing Address:	Until what date:				
	NUMBER AND STREET				
CITY	STATE OR PROVINCE	COUNTRY	POSTAL CODE		
Daytime telephone number:					
Permanent Home Address:					
	NUMBER AND STREE	T			
CITY	STATE OR PROVINCE	COUNTRY	POSTAL CODE		
FAX:	e-mail:				
Doctoral or Master's program(s) to whi	ch you have applied:				
CUNY Cornell	Fordham NYU	Columbia 🗌	Yale 🗌		
State your desired specialization in botany:					

#### Academic and employment experience

List all colleges and universities attended; NYBG requires transcripts from each institution. Indicate most recent school first.

Name of institution	Loc	ation	Dates of enrollment	Major	Degree and date			
Special academic honors, including fellows	ships, honor societies, c	or other evidence	e of significant scholarshi	p:				
Published work (include title, date, and place of publication), patents, research in progress, and other original work. If necessary, attach CV on separate page.								
Employment:								
Period of employment (month/year)	Name of com	pany	City, State, Country	Position	Duties			
Native Language:								
Please describe your language abilit	Reading	Speaking	Writing					
Language	good fair poor	good fair poor	good fair poor					
Recommendations								

List three people who know your academic qualifications and potential for graduate study, including at least one instructor at the institution that you last attended. Ask each person to send a letter to the Director of Graduate Studies at The New York Botanical Garden.

Recommender name	Position	Institution or address
1.		
2.		
3.		

## **Test Scores** Results Date(s) taken or expected TOEFL: Overall: Reading: Speaking: Listening: Writing: GRF General: Verbal: % Quantitative: % Analytic: GRE subject (optional): Overall: % Cellular & Molecular: % Organismal: % Ecology, Evol., Pop. Bio.: % Other information Please list other universities to which you are applying. Please give the name(s) of the NYBG curators who you have contaced during the application process. I certify that I have read and understood all instructions accompanying this application and have answered all questions truthfully to the best of my knowledge. I understand that any misrepresentation or omission may be cause for denying fellowship support. I understand that this application and all materials received in support of it become the property of The New York Botanical Garden and will not be duplicated or returned to me for any reason. Furthermore, I understand that The New York Botanical Garden reserves the right to deny funding to any student at any time for any reason it considers sufficient, including scholarship, character, and personal conduct.

Statement of Academic Purpose

Date:

Please attach a statement of academic purpose. The statement is your opportunity to help reviewers better understand your academic objectives and determine if you are a good match for the program. The statement should be one or two pages. Include your full name the top of each page. The statement should include your reasons for undertaking graduate work and an explanation of your academic interests, including their relation to your undergraduate study and professional goals. Your most recent curriculum vitae may be used to supplement your statement.

Signature (digital or initials):