

Thomas J. Watson Fellowship
Local Application Form
Whitman College
2007-2008

Nominating Committee:

- (1) Albert Schueller, committee chair (Olin 240, x5140)
- (2) TBA
- (3) TBA
- (4) TBA

This completed form is required to apply for a Watson Fellowship at the local level here at Whitman College. At the conclusion of the local application process, at most four students from Whitman will receive nominations and thus be allowed to compete at the national level for one of sixty possible fellowships. This fellowship is open only to senior students who intend to complete their undergraduate studies during the 2007-2008 Academic Year. In addition to the information requested here, your completed application should include:

- a personal statement (not to exceed 5 pages, 11pt, double-spaced)
- a project proposal (not to exceed 5 pages, 11pt, double-spaced)
- an official (or unofficial) college transcript
- two letters of reference sent directly to:

Watson Nomination Committee
c/o Joy Viveros, Director, Fellowships and Grants
Reid Campus Center 222
345 Boyer Avenue
Whitman College
Walla Walla, WA 99362

The completed application must be received in the Office of Post-Baccalaureate Fellowships, Scholarships and Grants (Reid 222) in the Career Center Suite, Reid 219, by 1pm Friday, September 28, 2007 in order to be considered. Further information is available at the official Watson Fellowship Homepage: <http://www.watsonfellowship.org>.

Information about the local application process, including important deadlines, is available at: <http://watson.whitman.edu>.

THE THOMAS J. WATSON FELLOWSHIP PROGRAM
LOCAL NOMINATION APPLICATION
WHITMAN COLLEGE 2007-2008

Name: _____

Undergraduate Major: _____

Major Adviser: _____

Contact Information

Address: _____

Phone: _____

E-mail: _____

Proposed Watson Project

Proposed Project Title (75 characters or less):

Abstract of Proposed Project (include proposed countries):

Please list your equipment needs, if any, and indicate if your total equipment purchases would exceed \$1,000. Expenditures over \$1,000 will require approval by the Fellowship Program. Note that this is informational only and that these expenses will still come from the original grant.

References

Please provide the complete names, mailing addresses and e-mail addresses of the two individuals who will be sending letters of reference on your behalf:

1) _____	2) _____
_____	_____
_____	_____
_____	_____

I recognize the confidential nature of the information supplied in my references and waive my right of access to them. (circle one) Yes No

Personal Data

Name, address and phone number of parent or legal guardian:

Date of Birth: _____ Place of birth: _____

Citizenship: _____ Passport country: _____

If not a US citizen, are you a permanent resident? (circle one) Yes No

Postgraduate Study and Future Career Possibilities:

Expected marital status during the period of the fellowship:

Secondary School (name, city and state) and year graduated:

Do you have any medical or other conditions which may preclude or limit your ability to carry out your proposed project? (circle one) Yes No

If yes, please explain how you would carry out your project:

Are you aware of any reason why you would be unable to pursue a Watson Fellowship abroad for one continuous year? (circle one) Yes No

If yes, please explain:

Please list the three extracurricular activities, including clubs, sports, volunteer work, and jobs that have most occupied your time since you began college; also indicate how many hours spend per week or per month on each activity:

Foreign Travel and Experience Living Outside the United States

Nominees for the Watson Fellowship may have extensive previous foreign travel experience, or none at all. We request the information in this section only to assist in evaluating the project proposal and to have a better understanding of a nominee's overall background.

Please list countries or areas lived in or visited, including the date, duration and reasons for travel:

Please indicate your participation in any academic programs abroad, including when, where and the program sponsor:

Please indicate your competency in languages other than English:

Language: _____ **Competency:** _____

Language: _____ **Competency:** _____

Language: _____ **Competency:** _____

I state that the information provided in this application is true and accurate to the best of my knowledge and I have not knowingly omitted any information requested. If awarded a Fellowship, I agree to fulfill my obligations to the Thomas J. Watson Fellowship Program.

Signature

Name (please print)

Date