

**Center for Mexican American Studies
The University of Texas at Austin
CMAS Financial Assistance Form**

Student Name: _____
Student EID: _____
Student Address: _____
Student E-mail: _____
Student Telephone: _____

Graduate Department: _____
Chair of Dissertation/Report/Thesis Committee: _____

Please list the total amount of support you have already received from CMAS:

Please list the total amount of support you have already received from your home department:

Please list the remaining amount of support you might receive from your home department:

I certify that the financial information above is complete and accurate. I understand that should any of this information be incomplete or inaccurate, I will be ineligible to receive a graduate fellowship through the Center for Mexican American Studies, and I will return all funds awarded on the basis of false or incomplete information. If my financial situation changes, I will promptly notify CMAS.

Signature

Date

Submit this form, and all other application materials, to the **Program Coordinator, Center for Mexican American Studies, UT Austin, 1 University Station, F9200, Austin, TX 78712**