



**MEXICAN AMERICAN AND LATINA/O STUDIES**

**Financial Assistance Form**

**SUBMIT TO:** Natasha Saldaña, Senior Academic Coordinator, Mexican American and Latina/o Studies  
UT Austin, 210 W. 24<sup>th</sup> Street, GWB 2.102, F9200, Austin, TX 78712

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

UT EID: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Address: \_\_\_\_\_

Graduate Department: \_\_\_\_\_

Chair of Dissertation/Report/Thesis Committee: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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 Department of Mexican American and Latina/o 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 MALS.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date