



Wellesley College Dept. of Economics

Peggy Howard Fellowship Application

THIS FELLOWSHIP APPLICATION MUST BE RECEIVED BY APRIL 1ST

Date: _____

Wellesley College Class: _____

Name: _____

Address: _____ Email Address: _____

_____ Social Security Number: _____

Current academic institution or business affiliation: _____

Academic program for which Fellowship is requested: _____

Name and Address of institution: _____

Name of program and degree pursued: _____

Dates of attendance and expected date of completion: _____

Financial Information:

Tuition, fees, etc. of academic program: _____

Other anticipated expenses (include living expenses): _____

Funds available and sources: _____

Names of one or two references at Wellesley: _____

PLEASE MAIL COMPLETED FORM TO:

Wellesley College Dept. of Economics
106 Central Street
Wellesley, MA 02481