

Lyman T. Johnson Diversity Award

Renewal Nomination Instructions/Information

For Students:

1. If your DGS has agreed to renew your LTJ nomination, or if you wish to ask your DGS for a renewal, please take this form to him or her (either a printed hard copy, or emailed version).
2. After this form has been completed by your DGS, you will need a pdf copy of it to attach to your fellowship application. The fellowship portal will not allow you to submit your application without an attachment. Attaching any other document will result in an automatic disqualification from this fellowship.
3. Receiving a renewal nomination from your DGS **does not** guarantee your eligibility for this fellowship.

For Directors of Graduate Studies:

1. Please provide all information requested in this form.
2. Once you have completed the form, return it to the student for them to include in their renewal application. Please return the form in a timely manner, to ensure the student has time to complete their online application by the deadline.

Email questions to: grad.fellowships@email.uky.edu

Student Information

Student Name: _____ Program of study: _____

Student ID: _____ Academic Department: _____

Nomination

Please select **ONE** type of LTJ renewal to nominate this student for:

Fall / Spring Split: Half LTJ & Half assistantship for both terms

(Only for renewals for 2018-2019 first-time recipients and prior)

Please Enter Total Stipend Amount requested (max. \$7,500 per academic year): \$ _____

Fall Only: Full LTJ for fall term & Full assistantship or departmental fellowship for spring term.

(Only for renewals for 2018-2019 first-time recipients and prior)

Please Enter Total Stipend Amount requested (max. \$7,500 fall term): \$ _____

Spring Only: Full LTJ for spring term & Full assistantship or departmental fellowship for fall term.

(Only for renewals for 2018-2019 first-time recipients and prior)

Please Enter Total Stipend Amount requested (max. \$7,500 spring term): \$ _____

Please include any additional remarks you may have regarding this student.

(If a departmental fellowship is being used as a match, please attach a memorandum indicating this support.)

By signing below, you acknowledge your renomination of the listed student for the Lyman T. Johnson Fellowship:

DGS Signature: _____

Date: _____

DGS print name: _____