

Adrian Tinsley Program Graduate School Application Reimbursement Request Form

ATP understands that the financial burden of applying to sufficient numbers of graduate schools hurts a student's chances of being accepted into the right program. While this grant can not eliminate application costs, ATP hopes that the available monies will encourage you to work with your mentor and expand the number of programs you apply to in order to help increase the chances of you being accepted into a quality program that you want to be a part of.

This is a reimbursement program and not a stipend. You are required to cover your application costs upfront. ATP will refund your application fees after the fact, up to \$250. 00.

PLEASE NOTE: by accepting the reimbursement you agree to report on the results of your application process and to let the Office of Undergraduate Research (OUR) know where you ultimately decide to attend graduate school.

Graduation Date: _____ **Banner ID #** _____

Contact Information

NAME: _____

ADDRESS: _____

PHONE: _____

BSU EMAIL: _____ @BRIDGEW.EDU

ALTERNATE EMAIL(S): _____

Summer Grant Information

TITLE: _____

MENTOR: _____

ACADEMIC YEAR you received your ATP Summer Grant: _____

Graduate Application Information (Please list ALL of the schools you will be applying to):

Reimbursement Information

Please deliver the following to Kathy Frederick in the Office of Undergraduate Research (200 Maxwell Library) in order to receive your reimbursement:

- 1) This completed form
- 2) a copy of confirmation that you have filed your application (if you are not applying online, please include a copy of confirmation that will be mailed to you).
- 3) a copy of your credit card statement that shows that you have paid for the application.

NOTE: You need only provide application confirmation and credit card statements for applications totaling \$250. If you provide information for over \$250 dollars and more monies become available to ATP, there is a possibility that you will be reimbursed for more of your costs. For more detailed information about reimbursement, see the ATP website at <http://www.bridgew.edu/ATP/reimbforms.cfm>.

NAME: _____

SIGNATURE: _____ **DATE:** _____

By signing your name to this reimbursement application you are affirming that you have applied to graduate school.

ATP Coordinator Signature: _____ **DATE:** _____