TEXAS WOMAN'S UNIVERSITY
COLLEGE OF PROFESSIONAL EDUCATION
DEPARTMENT OF READING

LILLIAN RIZZO SPICOLA DOCTORAL SCHOLARSHIP APPLICATION FORM

Name: _____ TWU ID#_____

Complete Permanent Address:

_____

(Street) Apt. # City State Zip

TWU Address (if different) _____

Phone number: _____ Email _____

TWU Doctoral Admission Date: _____ Current GPA_____

Letters of Recommendation requested from: _____

_____

_____ _____

Student Signature Date

Submit information to:

Dr. Betsy Kaye, Chair
Lillian Rizzo Spicola Scholarship Committee
Texas Woman's University
Department of Reading
P. O. BOX 425769
940-898-2227

Applications that do not include all required components will <u>not</u> be considered.

APPLICATION DEADLINE: **Fall:** **November 1**
Spring: **February 7**

Checklist:

___ Admitted to the TWU/UNT Federated Reading Program
___ Registered for 6 graduate hours
___ 3.5 – 4 Overall Graduate GPA
___ Completed application form
___ Written essay
___ Current transcript
___ Evidence of financial need
___ Letters of recommendation requested