

**BRIAN W. CAMPBELL MEMORIAL SCHOLARSHIP FUND
FOR RESEARCH IN GAY AND LESBIAN STUDIES**

Application Form
Department of Psychology and Philosophy

Contact Information:

Name	
Full Address	
Email	
Phone	
TWU ID#	

Program (check one):

- | | |
|---|---|
| <input type="checkbox"/> LSSP | <input type="checkbox"/> M.A. Counseling Psychology |
| <input type="checkbox"/> Doctoral School Psychology | <input type="checkbox"/> Doctoral Counseling Psychology |

Title of Dissertation or Thesis:

Abstract of Dissertation or Thesis Proposed or in Progress (250 word maximum):

Documentation of Need:

(Indicate amount from each source for the period Sept. 1-Aug. 31 of the school year)

Employment \$ _____
Family \$ _____
Financial Aid \$ _____
Other Scholarships \$ _____
Savings \$ _____
Other \$ _____ (Specify source): _____

TOTAL EXPECTED ANNUAL INCOME FOR THIS YEAR: \$ _____

In the space provided, please explain how this scholarship would meet a current need/reason for application:

References: Names and Contact information (email & work phone number) of the following:

1. Your thesis/dissertation chair:
2. A second reference (TWU faculty member who is not on the Scholarship committee; other professional familiar with your work such as an on-site Practicum supervisor):

I hereby attest to the fact that if I am awarded this departmental scholarship, I will use the funds exclusively for the purpose of defraying tuition costs, university fees, room and board charges, books, and/or other expenses directly related to my education here at TWU.

APPLICANT'S
SIGNATURE _____ DATE _____