## Application Form Charleston Sigma Xi Psychology and Neuroscience Fund

First Name	Middle Nan	ne Last Name		ame		
Street Address						
City		State	Zip Co	ode		
Phone Number		Email Address				
Colleges/Universities at	tended					
Institution Name		Degree completed or anticipated (e.g., B.A. Psychology)		cipated	Date of completed or anticipated degree	
Cumulative College GP	A (Include all cou	rses from all in	stitutions	):		
Name of your mentoring	g professor who w	ill contact us b	y email (i	tem 5):		
GRE Cost List						
List only costs that app			-		re than once, but this a	
can cover, at most, one	e attempt per test	<u> </u>	1	<del>, , , , , , , , , , , , , , , , , , , </del>	T	
Standardized Test		Date Taken or Scheduled	Fee	Fee Reduction (if any)	Fee minus Fee Reduction (amount you pay)	
GRE General Test		Scheduled		(II uily)	(annount you pay)	
GRE Subject Test						
Additional Score Repo	ort requests (total)	N/A				

Total:

Institution	Program	Application Fee	Waiver Amount (if any)	Fee minus Waiver (amount you pay)
Example State University	Ph.D. Experimental Psychology	\$50	\$30	\$20
			TD 4.1	
			Total:	
I certify that all information	on this application form is complete	ely accurate.		
Гуре your full legal name abo	ve to agree (counts as signature).	Date		
	our FAFSA Student Aid report page th			amily
5) Email confirmation from the student for. The enstatement will suffice,	item 5 to BisharaA@cofc.edu om a mentoring professor giving a list mail must be come from the mentor's is such as, "I am a mentor of, gy or neuroscience." A formal letter of	nstitutional email and I am recomm	address. A ending her	simple for Ph.D.

It is the applicant's responsibility to assure that all items are submitted by the deadline of **November 1**.