

NAME: _____

FSUSN: _____ EMAIL: _____

DEPARTMENT: _____

DEFENSE TERM: _____ GRAD TERM: _____

THESIS TITLE: _____

NAME: _____

EMAIL: _____ DEPT: _____

THESIS DIRECTOR? YES NO (If no please list Thesis Director information)

NAME: _____

EMAIL: _____ DEPT: _____

Is the student receiving type of federal financial aid? (e.g. Stafford/perkins loans, work-study, Pell grant)
 YES NO

Is the student a U.S. citizen? YES NO

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ELIGIBILITY AND AWARD DISBURSEMENT INFORMATION PROVIDED ABOVE.

I CERTIFY THAT THE WRITING IN THIS THESIS IS ORIGINAL WORK. I UNDERSTAND THAT IF I RECEIVE THE KINGSBURY AWARD AND ANY OF THE WORK SUBMITTED IS FOUND NOT TO BE ORIGINAL, I WILL BE OBLIGATED TO REPAY FLORIDA STATE UNIVERSITY FOR THE AMOUNT OF THE AWARD RECEIVED.

THE THESIS SUBMITTED IS ANONYMOUS AND DOES NOT CONTAIN ANY REFERENCES IDENTIFYING THE AUTHOR.

I AUTHORIZE THE FSU HONORS OFFICE TO RECEIVE INFORMATION REGARDING MY FINANCIAL AID STATUS IN ORDER TO DETERMINE A POTENTIAL OVER-AWARD OF FEDERAL FINANCIAL AID.

Student Signature: _____ Date: _____