FAIRLEIGH DICKINSON UNIVERSITY
Alumni-Trustee Endorsement Grant Form

Deadline: This form must be received by the Office of Admissions no later than January 15, 2006 for U.S. citizens seeking Fall 2006 admission.

Your endorsement counts at Fairleigh Dickinson University. The deserving student(s) you refer will receive the added benefit of a $1,000 grant toward their first year of full-time undergraduate study at FDU’s College at Florham or Metropolitan Campus. Simply provide the name and address of individuals whom you think would benefit from our educational experience.

We’ll then send the appropriate application and admission materials. You may recommend as many students as you wish. Photocopies of this form are permitted or you can request additional forms by calling us at 1-800-FDU-8803 or emailing us at globaleducation@fdu.edu.

If you are a graduate nominating your own child for undergraduate study, your admitted child also will be eligible to receive an annually-renewable $1,500 Children of Alumni Grant (contingent on satisfactory academic progress).

ENDORSED STUDENT INFORMATION

Last Name: ___________________________  First Name: ___________________________  Middle Initial: ___________________________

Home Address: ___________________________

City: __________________ State: __________________ Zip Code: __________________

Home Phone: __________________ Work Phone: __________________ E-Mail: __________________

Year of High School Graduation: ___________________________

How do you know this student?
☐ Immediate family:  ☐ Son  ☐ Daughter  ☐ Relative  ☐ Friend  ☐ Other: ___________________________

Student’s Area of Interest (if known) ______________________________________________________________________________________________________

Student’s Campus Preference:  ☐ College at Florham (Madison, NJ)  ☐ Metropolitan Campus (Teaneck, NJ)  ☐ Uncertain

REFERRING ALUMNUS INFORMATION

Last Name: ___________________________  First Name: ___________________________  Middle Initial: ___________________________

Home Address: ___________________________

City: __________________ State: __________________ Zip Code: __________________

Home Phone: __________________ Work Phone: __________________ E-Mail: __________________

FDU Graduation Year(s): ___________________________  Alumnae: Please provide maiden name for verification: ___________________________

Campus Attended: ___________________________

(Please include)

Signature: ___________________________

Mail or fax to:
Office of Enrollment Management, Fairleigh Dickinson University, 1000 River Road • H-DHS-10, Teaneck Nj 07666-9928
Fax: 201-692-7309