

**Marshall Scholarship
Pre-Application Form**

Name: _____ **Date:** _____

Date of Birth: _____ **Graduation Date:** _____
(MM/DD/YY) (MM/DD/YY)

Degree: _____

Major(s): _____

E-Mail: _____

Local Address:

Local phone: _____

Permanent Address:

Permanent phone: _____

Field of Proposed Study: _____

Brief Description of Study Proposal:

Recommenders:

Name: _____ **Position:** _____

Name: _____ **Position:** _____

Name: _____ **Position:** _____

Submit completed form to the Distinguished Fellowships Office, 26-161 (M-F, 8:30-4:30)



Distinguished Fellowships Office
77 Massachusetts Avenue, Bldg. 26-161
Cambridge, MA 02139

Phone: (617) 253-4378
Fax: (617) 452-2101
E-Mail: cholarships@mit.edu