

Mellon Mays Fellowship Funding Request
Please Print

Cornell Student ID _____ Today's Date _____

Last Name _____ First Name _____ Middle Initial _____

E-Mail _____

Local Address:

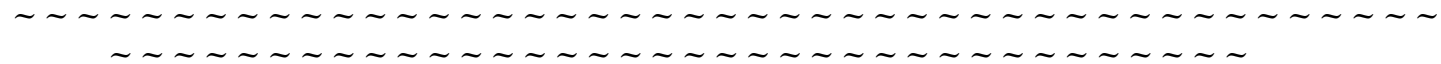
Street _____ Apt. _____ City _____ State _____ Zip _____

Tel: _____

Home/Summer Address:

Street _____ Apt. _____ City _____ State _____ Zip _____

Tel: _____



Check Delivery: Local Address Home/Summer Address Pick up at Day Hall

Contact Name: _____

Tel: _____

Funding Request:

Fall Term _____ Spring Term _____ Summer _____

Amount: _____ Amount: _____ Amount: _____

Travel:

Approx. Date of Travel: _____ Amount: _____



Student Signature: _____

Date: _____

Mentor Signature: _____

Date: _____

Mellon Faculty Coordinator: _____

Date: _____

