

Virginia Polytechnic Institute and State University  
**FELLOWSHIP INFORMATION SUPPLEMENT**  
 The information on this form is necessary to disburse your fellowship payment.

**Name:**

\_\_\_\_\_

Last                      First                      MI

**Social Security Number:** \_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_

**VT ID Number (if applicable):** \_\_\_\_\_

\_\_\_\_\_

City    State                      Zip

**Telephone number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Permanent Address: (where you want important information to be sent to):**

\_\_\_\_\_

\_\_\_\_\_

City    State                      Zip

**Date of Birth:** \_\_\_\_\_

**Gender:**     Male     Female

**Ethnicity** – Please choose one of the following:

Not Hispanic or Latino     Hispanic or Latino

**Race:** Check all that apply:  
 (you may select more than one)

White     Black     Native Hawaiian or Other Pacific Islander  
 Asian     American Indian or Alaska Native

**Citizenship:**     U.S. Citizen     Resident Alien     Non Resident Alien

Please Note: If Non Resident Alien is selected you may be taxed at a later date through the Accounts Receivable Office for amounts due to the IRS. The estimated tax rate is 14%.

**Student Classification:**

Undergraduate     Masters     PhD

Please complete emergency contact on the next page.

**Emergency Contact:**

Name: \_\_\_\_\_  
          Last                    First                    MI

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

\_\_\_\_\_  
City                    State                    Zip

Work Telephone: \_\_\_\_\_

**Certification:**

I certify all the information I have provided on this form is correct to the best of my knowledge:

Signature

Date

**Department Enters:** When entering the biographical information please use a mail code 0346.