



ATTACHMENT E

Form Approved
OMB No. 1840-0781
Expiration Date: XX/XX/XXXX

UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF POSTSECONDARY EDUCATION

JACOB K. JAVITS FELLOWSHIP PROGRAM
(Title VII, Part A, Higher Education Act of 1965, as amended)
INSTRUCTIONS FOR ANNUAL STUDENT ACTIVITIES REPORT

1. Please provide your first and last name in the space provided.
2. Please provide your current and permanent mailing addresses in the space provided.
3. Please provide your e-mail address in the space provided.
4. Please select one of the options shown below to denote your race in the space provided.

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

5. Please select one of the options shown below to denote your ethnicity in the space provided.

Ethnicity: Hispanic or Latino
 Not Hispanic or Latino

6. Please select one of the options shown below to denote your gender in the space provided.

Gender: Female Male

7. Please list the name of the institution administering the Javits grant award and your fellowship in the space provided.
8. Please indicate the year and the term you entered your graduate program in the space provided.

18. Please indicate whether or not you have submitted the FAFSA for the [insert year]-[insert year] academic year in the space provided.

19. In the space provided, please explain the impact that receiving a Javits fellowship had upon your decision to enter graduate school.

20. In the space provided, please explain the impact the Javits fellowship had upon your choice of academic area at your institution.

21. In the space provided, please indicate whether or not you had other fellowship offers at the time you were awarded the Javits fellowship.

If “Yes,” please specify the other offers you received in the additional space provided.

If “Yes,” please explain what prompted your decision to accept the Javits fellowship over your other fellowship offers in the space provided.