

**JACOB K. JAVITS FELLOWSHIP PROGRAM
FINAL PERFORMANCE REPORT**

OMB No. 1840-0752
Expires: xx/xx/xx

Section I: Grantee Information

Grant Number: _____

Institution Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Program Coordinator: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Total Number of Jacob K. Javits fellowships originally awarded to the grantee institution in FY XXXX: _____

Fiscal Data

Please enter data for each budget period and the budget for the project period.

	Budget Period 1 FY XXXX	Budget Period 2 FY XXXX	Budget Period 3 FY XXXX	Budget Period 4 FY XXXX	Total Budget for Project Period FY XXXX-XXXX
Federal Funds Awarded:					\$0
Federal Funds Expended:					\$0

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Federal Funds Remaining:						\$0
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Section II: Individual Student Data

Please enter the requested data for each individual Javits fellow. If you have more than one fellow, please copy this worksheet by right-clicking on the tab below that says "Sec 2" and selecting "Move or Copy." Then, check the box that says "Create a copy" and select "move to end." Then click "OK." Do this as many times as necessary to create a sheet for each fellow.

General Information

Fellow's Name: _____

Last name, First name

Fellow's Gender:

Male: _____

Female: _____

Ethnicity:

_____ Hispanic or Latino

_____ Not Hispanic or Latino

Race:

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or other Pacific Islander

_____ White

Program of Study

Fellow's Discipline (please select from the following approved fields of study):

_____ Anthropology

_____ Archaeology

_____ Area Studies

_____ Art History

_____ Classics

_____ Communications and Media

_____ Comparative Literature

_____ Creative Writing

_____ Criminology

_____ Economics

_____ English

_____ Ethnic and Cultural Studies

_____ Folklore, Folk Life

_____ Foreign Language

_____ Geography

_____ History

_____ Less Commonly Taught Languages

_____ Linguistics

_____ Music

_____ Non-American History

_____ Philosophy

_____ Political Science

_____ Psychology

_____ Public Policy and Administration

_____ Religion

_____ Sociology

_____ Speech, Rhetoric and Debate

_____ Studio Arts

_____ Theater Arts

_____ TV, Film and Cinematography

Terminal Degree Sought: _____

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What is the fellow's current education status?

- Is enrolled but not yet advanced to Ph.D. candidacy
- Has passed preliminary exams and advanced to Ph.D. candidacy
- Has received Ph.D.

If fellow has received Ph.D., please specify the month and year of graduation:

Month: _____ **Year:** _____

- Has withdrawn from his/her academic program prior to graduation
- Other (Please specify in comment box below)

Comments:

If the fellow was employed part-time while receiving Javits fellowship funding, please indicate the type of employment:

- Research Assistant
- Teaching Assistant
- Other (please specify): _____
- Not Applicable

How does the fellow plan to finance his/her remaining graduate study if the Javits fellowship funding ended before the date of graduation?

- Fellowship
- Scholarship
- Research Assistantship
- Teaching Assistantship
- Student Loans
- Employment (full-time or part-time)
- Other (please specify): _____

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Is the fellow's post-graduate employment in a field that relates directly to his/her academic field of study, as funded by the Javits fellowship?

- Yes
- No
- Not yet graduated
- Graduated; not yet found employment
- Unknown

Where did the fellow find employment after graduation (check all that apply)?

- Institution of higher education
- Other educational institution
- Federal, state or local government
- Community-based/Non-profit organization
- Research organization
- Private Sector
- International employment
- Continued post-graduate study
- Other (please specify): _____
- Not Applicable (not yet graduated; not yet found employment)
- Unknown

Start Date of Graduate Study: _____
Start Date of Javits Fellowship: _____
End Date of Javits Fellowship: _____
Total Years of Javits Fellowship Funding: _____
Total Years of Graduate Study: _____

Fellow's Stipend and Financial Need

Financial need is determined each year on the basis of the requirements for need analysis prescribed by Title IV, Part F of the Higher Education Act of 1965, as amended. Please consult your institution's financial aid office for information or questions regarding the determination of financial need.

Please report the fellow's stipend, as determined by his/her financial need, for each budget period of the grant (Note: please indicate the stipend amount received by the student in that budget period; this may differ from the amount of stipend funding actually awarded by the Javits Fellowship Program to the institution for that fellow during the budget period, due to carry over of unused funds):

Budget Period 1 (FY XXXX):	<input type="text"/>
Budget Period 2 (FY XXXX):	<input type="text"/>
Budget Period 3 (FY XXXX):	<input type="text"/>
Budget Period 4 (FY XXXX):	<input type="text"/>
Total for Project Period:	\$0

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Total Federal Funding

Please indicate the total amount of Javits fellowship funding received by your institution in each budget period for this fellow. In the "Stipend" column, please do not include funds carried over from previous years. Include only the funds awarded to you in that fiscal year/budget period.

Budget Period	Stipend	Institutional Payment	Total
1 (FY XXXX)			\$0
2 (FY XXXX)			\$0
3 (FY XXXX)			\$0
4 (FY XXXX)			\$0
TOTAL:	\$0	\$0	\$0

DISCLOSURE OF BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average XX minutes/hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is mandatory (citing authority)/required to obtain or retain benefit (citing authority) and voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email ICDOcketMgr@ed.gov and reference the OMB Control Number XXXX-XXXX. Note: Please do not return the completed XXXX (cite form or other applicable reporting mechanism) application to this address.