



Office of Financial Aid

**Doctoral Dissertation Grant (DDG)  
SPRING 2024 GRANT APPLICATION  
Application Deadline: April 3<sup>rd</sup>, 2024**

Doctoral Dissertation Grant awards are awarded based on merit to currently enrolled doctoral students who have defended or will be defending their dissertation during the **Spring 2024 semester**. The standard award amount for Ed.D. recipients is \$6,250, and Ph.D. recipients may receive an additional \$1,500 to help defray the differential tuition charged for the semester in which they defend their dissertation.

**To be considered for the DDG award, you must be a doctoral student in good academic standing at Teachers College (TC). You must be registered and have completed:**

- all certification requirements and received notification of certification from the Office of Doctoral Studies
- an approved Dissertation Proposal and IRB on file with Office of Doctoral Studies

**Failure to meet the aforementioned conditions will result in the cancellation of your application.**

**Please check and confirm:**

- ☐ I have defended or am on track to defend my dissertation during the Spring 2024 semester.
- ☐ I have completed a written statement (*double-spaced not to exceed three pages*) describing the following items:
- 1.) Focus of dissertation inquiry including: statement of rationale, research questions, and methods for collection and analyses of data
  - 2.) Status of dissertation project to date
  - 3.) Timeline for completion of dissertation, including the oral defense
- ☐ I have obtained a one-page letter of recommendation from my faculty sponsor addressing:
- 1.) Importance of the question addressed in my dissertation
  - 2.) Affirmation that my proposed dissertation timeline is feasible and realistic.
- ☐ I have attached an up-to-date Curriculum Vitae (CV).

***I acknowledge that by submitting this form and signing below, I am purely expressing an interest in being considered as a Doctoral Dissertation Grant recipient and understand that submission of this application does not guarantee an award. I am aware of the responsibilities and benefits associated with this award.***

Name (Print First and Last): \_\_\_\_\_ TC Student ID#: \_\_\_\_\_

Teachers College Email Address: \_\_\_\_\_

Program of Study, Degree Level: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this form and all supporting documents via email to the Office of Financial Aid by **April 3<sup>rd</sup>, 2024** for consideration. We kindly ask that you provide all of your completed documentation together at the time of submission.*

**WE WILL ONLY ACCEPT PHYSICAL SIGNATURES OR ADOBE DOCUSIGN SIGNATURES.**