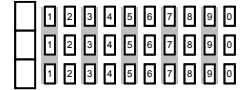




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PLEASE STAPLE
USE BLACK INK

Shade circles like this: ●
Not like this: ⊗



FELLOWSHIP APPLICATION FOR ENTERING GRADUATE STUDENTS

This application is to be used by all entering UCLA graduate students who wish to be considered for UCLA merit-based awards. Eligibility requirements are available at www.grad.ucla.edu/asis/entsup/finsup.htm.

NOTE: If you are a U.S. citizen or permanent resident, we urge you to apply for need-based financial aid. Complete a Free Application for Federal Student Aid available from the Financial Aid Office or at www.fafsa.ed.gov/

INSTRUCTIONS:

1. Please use **black ink**. If you make a mistake shading a circle, use a new form. Do not use whiteout.
2. Complete all of the items on this form that pertain to the fellowship(s) for which you are applying. You will be **INELIGIBLE** if items are left blank and information is called for but not provided.
3. You may apply for graduate merit-based awards in only one major department.
4. Return your completed application directly to your prospective department by **December 15th**. Consult your department for exceptions to this deadline.

A. University Identification Number
(Provided by Dept.)

			-				-			
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Forms will be copied.
Please print clearly &
press firmly.

Major Dept. _____ Degree Objective: MA/MS Prof. Mas. PhD Prof. Doc.

Name: Last, First, Middle _____

Address: Street & Apt. # _____

City _____ State _____ Zip Code _____

E-mail _____

Telephone No. _____ Gender: Male Female CA Resident: Yes No

U.S. Citizen: Yes No If "No", Country of Citizenship _____ Visa Type _____

Undergrad Inst. _____ GPA

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 Jr. & Sr. Year

GRE V

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 Q

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 A

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 W

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General Test Scores

Ethnicity: Do you consider yourself Hispanic or Latino? Yes No

(Optional)

In addition, select one or more of the following racial categories as appropriate for you.

- | | |
|--------------------------------------------------------|-----------------------------------------------------------------|
| <input type="radio"/> African American or Black | <input type="radio"/> Asian |
| <input type="radio"/> American Indian or Alaska Native | <input type="radio"/> Native Hawaiian or Other Pacific Islander |
| Please specify tribe(s) _____ | <input type="radio"/> White/Caucasian |

Which of the following groups best describes your background? Check as many categories as may apply.

African American/Black

- U.S./African American
- African (from African continent)
- Caribbean (African/Black ancestry)
- Central or South American
- Other Black or African ancestry

**Native Hawaiian or
Other Pacific Islander**

- Guamanian / Chamorro
- Native Hawaiian
- Samoan
- Other Pacific Islander ancestry

Hispanic, Latino, or of Spanish Origin

- Central American
- Chicano/Mexican American
- Cuban/Cuban American
- Puerto Rican
- South American
- Other Latino/Hispanic American ancestry

White/Caucasian

- European / European American
- Middle Eastern / Middle Eastern American
- North African American
- Other White / Caucasian ancestry

Asian American/Asian

- Chinese/Chinese American (inc. Taiwanese)
- Filipino/Filipino American
- Japanese/Japanese American
- Korean/Korean American
- South Asian (ex: India/ Pakistan/ Sri Lanka)
- Vietnamese/Vietnamese American
- Other South East Asian (ex: Cambodia/ Laos)
- Other Asian/Asian American ancestry

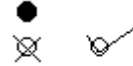


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PLEASE STAPLE
USE BLACK INK

Shade circles like this: ●

Not like this: ⊗



1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0

B. Name: Last, First, Middle _____

APPLICANT: Indicate all fellowships for which you wish to be considered. Please review eligibility requirements.	FOR DEPARTMENT USE											
	Nominate		Rank									Fellowship Chair Signature _____
	Yes	No	1	2	3	4	5	6	7	8	9+	
<input type="checkbox"/> Eugene Cota-Robles Fellowship	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1	2	3	4	5	6	7	8	9	
<input type="checkbox"/> Graduate Dean's Scholar Award	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1	2	3	4	5	6	7	8	9	
<input type="checkbox"/> Graduate Opportunity Fellowship	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1	2	3	4	5	6	7	8	9	
<input type="checkbox"/> Rose and Sam Gilbert Fellowship	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1	2	3	4	5	6	7	8	9	
<input type="checkbox"/> Gordon Hein Memorial Scholarship	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1	2	3	4	5	6	7	8	9	
<input type="checkbox"/> Kasper and Siroon Hovannisian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1	2	3	4	5	6	7	8	9	
<input type="checkbox"/> Dr. Ursula Mandel Scholarship	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1	2	3	4	5	6	7	8	9	
<input type="checkbox"/> Paulson Scholarship Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1	2	3	4	5	6	7	8	9	
<input type="checkbox"/> Will Rogers Memorial Fellowship	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1	2	3	4	5	6	7	8	9	
<input type="checkbox"/> Charles F. Scott Fellowship	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1	2	3	4	5	6	7	8	9	
<input type="checkbox"/> Werner R. Scott Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1	2	3	4	5	6	7	8	9	
<input type="checkbox"/> Malcom R. Stacey Memorial	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1	2	3	4	5	6	7	8	9	
<input type="checkbox"/> UCLA Faculty Women's Club	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1	2	3	4	5	6	7	8	9	
NOTE: Fellowship applicants must be nominated by their departments to the Graduate Division to be eligible for consideration.	Dept. Contact _____ Phone: _____											
	Student's Faculty Mentor: _____ (Please Print)											

C. Describe below, or on an attached page, how you meet the special requirements for EACH of the fellowships you checked above (except for the Eugene Cota-Robles or Graduate Opportunity Fellowships, for which we will use the Personal Statement you submitted online.

D. To ensure that decisions are based on factual information, applications are randomly audited each year.

"I hereby certify that all information I submit in this application, and in support of it, is complete and true to the best of my knowledge and belief. I understand that knowingly providing false or incomplete information may be grounds for dismissal from UCLA."

Signature _____ Date _____