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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"/> UC-HBCU Initiative Fellowship	<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, see section D below).

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 _____