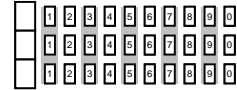




PLEASE DO NOT STAPLE
USE BLACK INK

Shade circles like this: ●
Not like this: ⊗



2010-2011 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.gdnet.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 15, 2009**. Consult your department for exceptions to this deadline.

A. University Identification Number (Provided by Dept.) - -

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 GRE V Q A W

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

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

- African American or Black
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - White/Caucasian
- Please specify tribe(s) _____

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

- | | | |
|--|--|--|
| <input type="radio"/> African American/Black | <input type="radio"/> Asian American/Asian | <input type="radio"/> Hispanic, Latino, or of Spanish Origin |
| <input type="radio"/> U.S./African American | <input type="radio"/> Chinese/Chinese American | <input type="radio"/> Central American |
| <input type="radio"/> African (from African continent) | <input type="radio"/> East Indian/Pakistani | <input type="radio"/> Cuban/Cuban American |
| <input type="radio"/> Caribbean | <input type="radio"/> Filipino/Filipino American | <input type="radio"/> Mexican/Mexican American/Chicano |
| <input type="radio"/> Central or South American | <input type="radio"/> Japanese/Japanese American | <input type="radio"/> Puerto Rican |
| <input type="radio"/> Other African ancestry | <input type="radio"/> Korean/Korean American | <input type="radio"/> South American |
| | <input type="radio"/> Vietnamese/Vietnamese American | <input type="radio"/> Other Hispanic/Latino or of Spanish origin |
| | <input type="radio"/> Other Asian/Asian American | |

B. DEPARTMENTAL AWARDS (Fill in all for which you wish to be considered)

- Teaching Assistantship
- Graduate Student Researcher
- Fellowships/Registration Fee Grant
- Nonresident Tuition Fellowship



27458

PLEASE DO NOT 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

C. Name: Last, First, Middle _____

APPLICANT: Indicate all fellowships for which you wish to be considered. Please review eligibility requirements.	FOR DEPARTMENT USE ONLY										
	Nominate		Rank					Fellowship Chair Signature			
	Yes	No	1	2	3	4	5	6	7	8	9+
<input type="radio"/> Eugene Cota-Robles Fellowship	<input type="radio"/> Yes	<input type="radio"/> No	①	②	③	④	⑤	⑥	⑦	⑧	⑨
<input type="radio"/> Graduate Opportunity Fellowship	<input type="radio"/> Yes	<input type="radio"/> No	①	②	③	④	⑤	⑥	⑦	⑧	⑨
<input type="radio"/> Karekin Der Avedisian	<input type="radio"/> Yes	<input type="radio"/> No	①	②	③	④	⑤	⑥	⑦	⑧	⑨
<input type="radio"/> Rose and Sam Gilbert Fellowship	<input type="radio"/> Yes	<input type="radio"/> No	①	②	③	④	⑤	⑥	⑦	⑧	⑨
<input type="radio"/> Gordon Hein Memorial Scholarship	<input type="radio"/> Yes	<input type="radio"/> No	①	②	③	④	⑤	⑥	⑦	⑧	⑨
<input type="radio"/> Kasper and Siroon Hovannisian	<input type="radio"/> Yes	<input type="radio"/> No	①	②	③	④	⑤	⑥	⑦	⑧	⑨
<input type="radio"/> Dr. Ursula Mandel Scholarship	<input type="radio"/> Yes	<input type="radio"/> No	①	②	③	④	⑤	⑥	⑦	⑧	⑨
<input type="radio"/> Mangasar M. Mangasarian Fund	<input type="radio"/> Yes	<input type="radio"/> No	①	②	③	④	⑤	⑥	⑦	⑧	⑨
<input type="radio"/> Paulson Scholarship Fund	<input type="radio"/> Yes	<input type="radio"/> No	①	②	③	④	⑤	⑥	⑦	⑧	⑨
<input type="radio"/> Will Rogers Memorial Fellowship	<input type="radio"/> Yes	<input type="radio"/> No	①	②	③	④	⑤	⑥	⑦	⑧	⑨
<input type="radio"/> Steven J. Sackler Scholarship	<input type="radio"/> Yes	<input type="radio"/> No	①	②	③	④	⑤	⑥	⑦	⑧	⑨
<input type="radio"/> Charles F. Scott Fellowship	<input type="radio"/> Yes	<input type="radio"/> No	①	②	③	④	⑤	⑥	⑦	⑧	⑨
<input type="radio"/> Werner R. Scott Fund	<input type="radio"/> Yes	<input type="radio"/> No	①	②	③	④	⑤	⑥	⑦	⑧	⑨
<input type="radio"/> Malcom R. Stacey Memorial	<input type="radio"/> Yes	<input type="radio"/> No	①	②	③	④	⑤	⑥	⑦	⑧	⑨
<input type="radio"/> UCLA Competitive Edge	<input type="radio"/> Yes	<input type="radio"/> No	①	②	③	④	⑤	⑥	⑦	⑧	⑨
<input type="radio"/> UCLA Faculty Women's Club	<input type="radio"/> Yes	<input type="radio"/> 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)										

D. 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, which require the separate Diversity Fellowships - Supplemental Application).

E. To ensure that decisions are based on factual information, applications are randomly audited each year. You are required to sign the following statement:

"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 _____