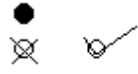




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PLEASE STAPLE
USE BLACK INK

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 ONLY											
	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 Opportunity Fellowship	<input type="checkbox"/> Yes	<input type="checkbox"/> No	①	②	③	④	⑤	⑥	⑦	⑧	⑨	
<input type="checkbox"/> Karekin Der Avedisian	<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"/> Steven J. Sackler Scholarship	<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"/> 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, which require the separate Diversity Fellowships - Supplemental Application).

D. 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 _____