Fellowship Application

For Graduate Study

Fellowships are awarded annually for graduate study to qualified women. The number and amount of the fellowships vary from year to year. Please review the qualifications listed and apply only if you meet these requirements.

It is the applicant’s responsibility to have the completed application submitted by the date indicated and to follow through to see that all required materials, i.e. official transcripts of all most recent Undergraduate and Graduate transcripts and two current letters of recommendation, are sent to the Fellowship Chair by February 28. The application cannot be considered unless these items are received.

Before mailing the application, please be sure to:
1. Answer all questions as completely as possible.
2. Date and sign the certification in 2 places.
3. Check each of the following:
   a. Request all official most recent undergraduate and graduate transcripts be sent from the college or university directly to the Fellowship Chair.
   b. Request two (2) current letters of recommendation to be mailed directly to the Fellowship Chair.
   c. Use only the Income and Expense Worksheet (page 4) to answer Item #15 relative to your financial budget.
   d. Attach statement set forth at Item #17.
4. Acknowledgement of the receipt of your application and/or subsequent materials will be made by e-mail.

A decision will be made by the beginning of April and recipients will be notified by e-mail followed by an official letter of award.
To be completed by the applicant

PERSONAL

1. Name ____________________________
   Please print, including Middle or Last Name
   (List other names under which transcripts, etc. might be furnished)__________________________

2. Present Address ____________________________
   (Street, City, State, Zip)

3. Address ____________________________
   (Street, City, State, Zip)

4. Date of Birth ______________
   Place of Birth ____________________________
   Citizenship__________________________

5. Marital Status__________________________
   Number of children___________________

6. Number of persons dependent on you________
   Relationship__________________________

7. Are you a member of the New York State Women Inc.?______
   If yes, name of Chapter__________________________

8. List Community, Campus, Professional Organizations, Professional Affiliation and Volunteer work with
   the number of years of involvement. Please include leadership positions held.
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

EDUCATION

9. Educational background: Request official transcripts of most recent Undergraduate and Graduate transcripts be
   sent directly to the Fellowship Chair

<table>
<thead>
<tr>
<th>Institution Name/City and State</th>
<th>Degrees</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Diploma Earned</td>
<td>Awarded</td>
</tr>
</tbody>
</table>

High School__________________________

Junior College__________________________

College__________________________

Graduate School__________________________

10. Name of university or college in which you are currently registered for graduate work:
    ______________________________________________________________________________________

11. a. Your field of study__________________________
    b. Degree sought__________________________
    c. Anticipated date of completion__________________________
FINANCES

12. a. List all grants and scholarships received.

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. List all loans granted.

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. Indicate plans for financing balance of graduate work:

a. Parents/Spouse

b. Grants/Scholarships

c. Savings or Reserved Fund

d. Loans

e. Employment

f. Other

14. Work experiences:

<table>
<thead>
<tr>
<th>Date</th>
<th>Employer</th>
<th>Position Held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Complete the following Income and Expense Worksheet to show your most recent calendar year. Expenses listed as “Other” must be itemized as well as those indicated as untaxed income. Remember to include such things as room, board, tuition, fees, books, supplies, clothing, and travel.
Income and Expense Worksheet

Name: _______________________________________________
Address:____________________________City:___________________State:______
Zip:____________
Telephone:_____________________________________Email:_________________________________

Complete both sections below fully and sign certification of validity. Please do not leave any blanks. Enter a “0” where applicable.

A. Please estimate the total amount of you (and your spouse’s, if applicable) most recent calendar year expenses for the items listed below.

- Tuition, books and supplies $___________ Per year
- Rent/mortgage payments, taxes (if not escrowed) $___________ Per year
- Food $___________ Per year
- Utilities $___________ Per year
- Car payment and insurance $__________ Per year
- Gasoline $___________ Per year
- Personal expenses $___________ Per year
- Childcare expenses $___________ Per year
- Medical/dental expenses (not paid by insurance) $___________ Per year
- Other expenses – please itemize in section C $___________ Per year

Total A.__________

B. Please list below all your (and your spouse’s, if applicable) sources which were used to meet your expenses:

- Income from employment (wages, business/farm income) $___________ Per year
- Other taxed income (interest/dividend income, alimony, pensions, annuities, capital gains, etc.) $___________ Per year
- Unemployment compensation $___________ Per year
- Worker’s compensation $___________ Per year
- Social Security Benefits $___________ Per year
- Public Assistance $___________ Per year
- Food stamps received $___________ Per year
- Child Support $___________ Per year
- Cash support provided by others $___________ Per year
- In-kind benefits, etc. room and board (dollar value) $___________ Per year
- Financial Aid $___________ Per year
- Other untaxed income – itemize sources & amounts in Section D $___________ Per year

Total B.__________

C. You have indicated other expenses. Please itemize and list amounts below.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

D. You indicated other untaxed income. Please itemize and list amounts below.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

CERTIFICATION: By signing this worksheet that provides the information for Item #15, I certify all information on this form is true and complete. If asked by an authorized official, I agree to give proof of the information that I have given on the form.

Student Signature:__________________________________________Date:________________
NY Grace LeGendre Endowment Fund, Inc.

GENERAL

16. Two (2) current references

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Complete Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. _____________________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>b. _____________________________________________________________________</td>
<td></td>
</tr>
</tbody>
</table>

Request the above named persons acquainted with your academic performance and/or professional work to send letters of recommendation directly to the Fellowship Chair.

17. Attach a one-page statement indicating why you believe you should be awarded a fellowship. Indicate your accomplishments, goals, long-range plans, financial need, and plans for use of your graduate education.

CERTIFICATION BY APPLICANT

I certify that the information given herein, and which you are authorized to verify, is true and correct, and I agree to notify the grantor of this fellowship of any material change in facts. Furthermore, I authorize the grantor of this award to obtain from the institution in which I am enrolled, such additional information as it may require from time to time as to my scholastic progress and financial status. The application shall remain the property of the NY Grace LeGendre Endowment Fund, Inc. whether the fellowship is approved or rejected. I fully understand my obligations and realize that a refund must be made to the NY Grace LeGendre Endowment Fund, Inc. if I do not fulfill my commitments, unless there is sufficient reason (after thorough examination by the Committee) for Termination. I authorize the Fellowship Committee to post my picture on the NY Grace LeGendre Endowment Fund, Inc. web site (www.gracelegendre.org) if I am awarded a Fellowship.

__________________________________________  _____________________________
Date                                               Signature of Applicant

PLEASE NOTE: Send to the Fellowship Committee Chair a completed application, resume, credentials, and letter of reference for NY Grace LeGendre Endowment Fund, Inc. Fellowship.

Mail completed applications to:

Mary Ellen Morgan  
NY Grace LeGendre Fellowship Committee  
901 East Lake Road  
Dundee, NY 14837

Email: Dmmea@aol.com  •  Telephone (315) 536-8440