

# NY Grace LeGendre Endowment Fund, Inc.

## 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.**

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To be completed by the applicant

This information will be regarded as confidential

## PERSONAL

Personal E-mail \_\_\_\_\_

Permanent E-Mail \_\_\_\_\_

Phone No. \_\_\_\_\_

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. Permanent 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.

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## EDUCATION

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

Institution Name/City and State	Degrees Diploma Earned	Date Awarded
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 \_\_\_\_\_

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## FINANCES

12. a. List all grants and scholarships received.  
**Source**

**Amount**

**Date**

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- b. List all loans granted.  
**Source**

**Amount**

**Date**

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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:

**Date**

**Employer**

**Position Held**

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If on leave of absence from regular employment in order to do the proposed research, please finish the following information:

Position from which you are on leave\_\_\_\_\_

Employer's Name and Address\_\_\_\_\_

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.

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## 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
<b>Total</b>	<b>A.</b> _____	

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
<b>Total</b>	<b>B.</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

Name and Title	Complete Address
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a. \_\_\_\_\_

b. \_\_\_\_\_

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](http://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, Chair  
NY Grace LeGendre Fellowship Committee  
901 East Lake Road  
Dundee, NY 14837**

**Email: [Dmmea@aol.com](mailto:Dmmea@aol.com) or [fellowships@gracelegendre.org](mailto:fellowships@gracelegendre.org)**

**Telephone (315) 536-8440**