

NY Grace LeGendre Endowment Fund, Inc.



2020 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.

Eligibility: Individuals who wish to be considered for a GLEF Fellowship must:

- Be a woman who is a United States citizen and a resident of New York State
- Have a Bachelor's Degree
- Be currently enrolled in graduate studies in an advanced graduate degree program at an accredited New York State college or university and have already completed at least one semester in that program
- Show evidence of scholastic ability and a need for financial assistance
- Anticipated graduation year must be no later than 2022

Please review these qualifications and apply **only** if you meet these requirements.

To be considered for a Fellowship, an applicant must

- Meet the eligibility requirements listed above
- Submit a completed application form
 - Answer all questions as fully as possible (typed or printed legibly)
 - Supply all the Financial data requested in Items #13, 14, & 15
 - Sign and date the application on pp. 4 and 5
 - Attach a one-page statement supporting your application as per Item #17.
- Request that official copies of the most recent undergraduate and graduate transcripts be sent from the college or university directly to the Fellowship Chair as per Item #9.
- Request two (2) current letters of recommendation to be mailed directly to the Fellowship Chair as per Item #16.

Applicants are urged to submit the completed application form in advance of the transcripts and letters of recommendation. *It is the applicant's responsibility to submit the completed application by the date indicated and to ensure that all required supporting materials, including **official** transcripts, letters of recommendation, and statement, are sent to the Fellowship Chair and postmarked no later than **February 28, 2020**.* The application cannot be considered unless all these items are received. Acknowledgement of the receipt of your application and/or subsequent materials will be made by e-mail.

Ramona Gallagher, Chair
NY Grace LeGendre Fellowship Committee
1217 Delaware Ave., Apt. 807
Buffalo, NY 14209

Email: MMistymo@aol.com or fellowships@gracelegendre.org

Telephone (716) 882-7639

A decision will be made by mid-April 2020 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 dates of involvement. Please include leadership positions held. Attach additional sheets as needed.

EDUCATION

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

Institution Name/City and State	Degrees Diploma Earned	Date Awarded
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High School _____

Junior College _____

College _____

Graduate School _____

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

11. a. Your field of study _____

b. Degree sought _____

c. Anticipated date of completion _____ (no later than 2022)

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FINANCES

12. a. List all grants and scholarships received.

Source	Amount	Date

- b. List all loans granted.

Source	Amount	Date

13. Indicate plans for financing balance of graduate work, include amounts and specifics if multiple sources in a category:

- a. Parents/Spouse _____
- b. Grants/Scholarships _____
- c. Savings or Reserved Fund _____
- d. Loans _____
- e. Employment _____
- f. Other _____

14. Work experiences:

Date	Employer	Position Held

If on leave of absence from regular employment in order to complete your studies, please furnish 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 the 2019 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. Remember that these are annual figures, not monthly.

A. Please estimate the total amount of your (and your spouse's, if applicable) most recent calendar year (Jan-Dec 2019) 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 insurance 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; e.g., room and board (dollar value) etc.	\$ _____	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: _____

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GENERAL

16. Two (2) current references

Name and Title **Complete Address, including telephone & e-mail**

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.

18. Please advise how you learned of this Fellowship Program:

_____.

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. If I am awarded a Fellowship I hereby authorize the NY Grace LeGendre Endowment Fund, Inc. to use my image for any publicity or promotional purposes related to the Fellowship program and/or the endowment fund.

Date

Signature of Applicant

PLEASE NOTE: All materials requested above for the NY Grace LeGendre Endowment Fund, Inc. Fellowship - including completed application, resume, transcripts, summary statement, and letters of recommendation - must be postmarked no later than February 28, 2020 to the Fellowship Committee Chair.

Mail completed applications to:

**Ramona Gallagher, Chair
NY Grace LeGendre Fellowship Committee
1217 Delaware Ave., Apt. 807
Buffalo, NY 14209**

Email: MMistymo@aol.com or fellowships@gracelegendre.org

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