

NY Grace LeGendre Endowment Fund, Inc.



2024 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. Four awards will be given in Spring 2024, one at \$2,000 and three at \$1,500.

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 2026

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 Item #13
 - Sign and date the application
 - Attach a one-page statement supporting your application as per Item #15
- Request that copies of the most recent undergraduate and graduate transcripts be sent from the college or university directly to the Fellowship Chair as per item #8 [**NOTE:** unofficial transcripts will initially be accepted for review; however, an official transcript will be required if an award is given]
- Request two (2) current letters of recommendation to be mailed directly to the Fellowship Chair as per Item #14

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 transcripts, letters of recommendation, and statement, are sent to the Fellowship Chair and postmarked no later than **February 28, 2024.*** 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.

Eugenia Barnaba, Chair
NY Grace LeGendre Fellowship Committee
100 Kay Street
Ithaca, NY 14850
E-mail: emb6@cornell.edu Telephone: (607) 257 0064

A decision will be made by mid-April 2024 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 and 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. List level of involvement and leadership role in past five years. Specify: Volunteer/Paid, Staff/Leadership. Attach one additional sheet as needed.

Community _____

Campus _____

Professional _____

Other (be specific) _____

EDUCATION

8. Educational background: Request 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 _____

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

10. a. Your field of study _____

b. Degree sought _____

c. Anticipated date of completion _____ (no later than 2026)

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FINANCES

11. a. List all grants and scholarships (during the last five years).

<u>Received</u> Date	Source	Amount

<u>Applied for</u> Date	Source	Amount

b. List all loans (during the last five years).

<u>Received</u> Date	Source	Amount

<u>Applied for</u> Date	Source	Amount

12. List your work experience for the last five years:

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 _____

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13. Complete the following Income and Expense Worksheet to show the 2023 calendar year.

Income and Expense Worksheet

A. Estimate the total amount of your most recent calendar year (Jan-Dec 2023) expenses for the items listed below.

Tuition, Fees, Supplies	\$ _____ /year
Loan Repayment	\$ _____ /year
Housing/Living (rent, food, utilities)	\$ _____ /year
Transportation (car, gas, bus, etc.)	\$ _____ /year
Other Personal (childcare, health, insurance)	\$ _____ /year
TOTAL EXPENSE	\$ _____ /year

B. List below all sources used to meet your expenses.

Wages, Salaries, Stipends	\$ _____ /year
Financial Aid	\$ _____ /year
Scholarships/Grants	\$ _____ /year
Loans	\$ _____ /year
Other (parents, savings, dividends, etc.)	\$ _____ /year
TOTAL INCOME	\$ _____ /year

CERTIFICATION: By signing this worksheet that provides the information for Item #13, I certify all information on this form is true and complete to the best of my knowledge. If asked by an authorized official of the GLEF, I agree to provide documentation for the information that I have given on the form.

Student Signature: _____ Date: _____

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GENERAL

14. Provide the names of two (2) current references

Name and Title	Complete Address, including telephone & e-mail
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a. _____

b. _____

Request each of the above-named persons who are acquainted with your academic performance and/or professional work to write a one-page letter of recommendation and to send it directly to the Fellowship Chairman.

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

16. 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 name and 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, 2024 to the Fellowship Committee Chair.

Eugenia Barnaba, Chair
NY Grace LeGendre Fellowship Committee
100 Kay Street
Ithaca, NY 14850

E-mail: emb6@cornell.edu

Telephone: (607) 257 0064