

WOMAN'S CLUB OF MINNEAPOLIS FELLOWSHIP

INSTRUCTIONS TO APPLICANTS

Deadline: 12 noon, December 1, 2005

Eligibility:

This award is open to students registered for credit in the University of Minnesota Graduate School at the time of application who hold U.S. citizenship; must demonstrate high scholarship and leadership ability. Special consideration will be given to students who are planning to remain in the Twin Cities metropolitan area. Qualified women are encouraged to apply.

Stipend: \$5,000. One award.

Application Procedure:

Applicants should submit four copies (collated and stapled) of the application form and supporting documents, **in the following order:** Application, personal biographical statement, and a University of Minnesota graduate transcript (web version acceptable), and an explanation of any "Incomplete" grades. (**Note: Verification of fall semester course grades should be submitted as soon as grades are posted at the end of fall semester.**) Two letters of recommendation, one of which is from the major adviser, should be sent directly by the recommenders to the Graduate School Fellowship Office for duplication.

Since the selection committee reviews only applications that are complete in every detail, students should verify with the Graduate School Fellowship Office that all required supporting material (transcript plus two letters) have been received.

Award Policy:

Although recipients need not be in residence during the tenure of the fellowship, they must be registered for credit in the Graduate School both semesters of the academic year.

Notification:

Applicants will be notified of the outcome, in writing, by the end of March.

Note: This application may be completed online, printed out, and sent to the Graduate Fellowship Office.

http://www.grad.umn.edu/fellowships/forms/womans_club.pdf

*Graduate School Fellowship Office
University of Minnesota
314 Johnston Hall-East Bank Campus
Minneapolis, MN 55455
Telephone: 612-625-7579
E-mail: gsfellow@tc.umn.edu*

Please Type

Deadline: 12 noon, December 1, 2005

PERSONAL DATA

Name – Last, First, Middle Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>					Telephone No.
Present address:	Street	City	State	Zip	Student I.D. No.
Permanent address:	Street	City	State	Zip	Country of Citizenship
E-mail address					

EDUCATION

Undergraduate Institution(s)	Major	Degree Earned	Year	Cumulative GPA
Graduate Institution, if degree earned	Major	Degree Earned	Year	Cumulative GPA
Date of entry into UM Graduate School	Major			Cumulative GPA
Degree Sought	Proposed Graduation Date (Semester & Year)			
List any scholarships, grants, fellowships or other awards you have held (including any currently held), amounts and dates:				
List other fellowships, scholarships, grants, or awards for which you are applying or plan to apply:				

EMPLOYMENT HISTORY

Employer	Position Title	From	To

SUPPORTING DOCUMENTS – Please attach a copy of the following:

1. A Personal Biographical Statement (up to two pages) that includes a description of (a) the sources and influences that led to the choice of academic discipline, (b) evidence of strong leadership qualities, and (c) plans and goals – for the next academic year, upon graduation, and long term (double-spaced, not smaller than 12-point type, and margins not less than one inch).
2. A current University of Minnesota graduate transcript (web version acceptable), with explanation of any “Incomplete” grades.
3. Two letters of recommendation. Name and department of recommenders are:
a) _____ Adviser b) _____

Submit four copies (collated and stapled) of the application and supporting documents.

I affirm that the information provided in this application is complete and accurate to the best of my knowledge.

Applicant Signature _____ Date _____

To the Applicant:

Please complete this section and give the form to your recommender.

Student's name _____ Major Field _____

The applicant may voluntarily waive the right to inspect letters of recommendation for financial support, thus assuring the recommender that the letter will remain confidential. The applicant may decline to sign the waiver.

I voluntarily waive the right to inspect the attached confidential letter of recommendation.

Student's signature _____ Date _____

Recommender's name _____ Department _____

To the Recommender:

Please attach a one-page letter (on letterhead); extra pages will not be forwarded to the review committee.

Please comment on the following: 1) the student's past academic performance and overall professional promise; 2) the student's leadership qualities.

Return this form and your letter by December 1, 2005 to:

**Graduate School Fellowship Office
314 Johnston Hall
101 Pleasant St. S.E.
University of Minnesota
Minneapolis, MN 55455**

To the Applicant:

Please complete this section and give the form to your recommender.

Student's name _____ Major Field _____

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