

**2017-2018 UCB GRADUATE SCHOOL OF EDUCATION  
CONTINUING/RETURNING MA/CREDENTIAL GRADUATE STUDENT  
FELLOWSHIP APPLICATION**

**March 01, 2017 is the deadline for filing this application in the School of Education's Student Services Office, 1609 Tolman Hall.**

**Note: Application can be found on the GSE website, and you are required to please submit a hard copy to Fellowships Coordinator ~ please do not send as an email attachment, unless you are out of the area.**

Name Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Cell Phone \_\_\_\_\_

Email address: \_\_\_\_\_

SID #. \_\_\_\_\_

If not a citizen of the U.S., what type of visa do you hold? \_\_\_\_\_

Do you expect to be classified as a legal resident of California for tuition purposes by the opening of Fall Semester, 2017? Yes \_\_\_\_\_ No \_\_\_\_\_

Area and Program \_\_\_\_\_

When did you first register as a **graduate** student at Berkeley? \_\_\_\_\_

Your teaching goal: Elementary \_\_\_ Middle School \_\_\_ High School \_\_\_ Other: \_\_\_\_\_

Please list other types of financial support for which you intend to apply, both within and outside the University:

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## LETTERS OF RECOMMENDATION

The Fellowship Committee requires a current letter of recommendation. Students must submit one new letter of recommendation. Please enter the name of the letter writer.

1. \_\_\_\_\_New

## CURRENT TRANSCRIPT

Please enclose a current, unofficial transcript and a CV with this application.

**SHORT ANSWER QUESTIONS** Please limit your response to items A - E to 2 pages.

- A. Describe a significant accomplishment in your student teaching. Include reference of how you applied what you learned in your program's coursework to your student teaching practice.
- B. What are your plans for the coming year and how do they fit into your long-term professional objectives?
- C. What topic to you intend to research for your MA paper?
- D. What are your plans for the first 5 years of your teaching career? Please describe the school where you would like to teach.
- E. Please indicate any courses or student teaching placements in which you have an *incomplete*, and describe your plan to complete the work.

## EMPLOYMENT EXPERIENCES AND SOURCES OF FUNDING

**A. Please indicate the graduate fellowships or scholarships you have received as a graduate student at Berkeley. (e.g., GOP, block grant, or Alumni Award)**

<i>Semester/year</i>	<i>Type of award</i>	<i>Funding source</i>	<i>Amount</i>

**B. Please indicate any Graduate Student appointments you have held as a graduate student at Berkeley (GSR/GSI/Reader/Tutor)**

<i>Semester/year</i>	<i>Type (GSR/GSI)</i>	<i>Hours per week</i>	<i>Faculty supervisor</i>

**C. Please list occupations, other than that of student, or from a graduate student appointment, in which you have engaged while a graduate student at Berkeley.**

*Semester/Year                      Nature of Work & %-Time                      Employer*

<i>Semester/year</i>	<i>Nature of work</i>	<i>Hours per week</i>	<i>Employer</i>

## FINANCIAL RESOURCES & EXPENSES

Fall Semester 2017 Spring Semester 2018

**RESOURCES**

Please list those resources that are assured at this time. Provide estimates if exact figures are unknown.

Aid from family \$ \_\_\_\_\_

Academic year gross earnings, or projected earnings:

\$ \_\_\_\_\_

**Projected Summer 2017:  
gross earnings**

\$ \_\_\_\_\_

Dividends & interest \$ \_\_\_\_\_

**EXPENSES**

Please do not include regular living expenses.

Local travel \$ \_\_\_\_\_

Medical & Dental \_\_\_\_\_

Child care \$ \_\_\_\_\_

Other liabilities: \$ \_\_\_\_\_

**Other income (fellowship, financial aid, etc.)**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Assets: Cash, savings, checking accounts

\$ \_\_\_\_\_

Stocks/bonds/trust fund income

\$ \_\_\_\_\_

**I certify that all of the information on this form is true and complete to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## TYPES OF AWARDS

### UNIVERSITY FELLOWSHIP (The Block Grant Awards)

**Eligibility: Open to all GSE graduate students, U.S citizens, permanent residents, and international students.**

Fellowship awards are merit awards based on scholastic record, evidence of ability to do research or other creative work, and promise of productive scholarship. Students who apply for Fellowship awards will automatically be considered for all awards for which they may be eligible. Alumni and Departmentally Restricted awards are made from funds established by donors, who wished to designate students in specific disciplines to receive awards. Award amounts vary, and the Fellowship Committee in consultation with the Areas and Programs makes selection. Students do not apply for specific departmentally restricted awards.

Following University of California Graduate Division policies, applicants are asked to provide basic financial information as part of the fellowship application process.

As stated on the Notification of Acceptance/Declination of Fellowship Form, the form that Graduate Division requires all students who accept a fellowship award offer to submit, **“this offer may be withdrawn or reduced if you receive another full fellowship or other awards where the total exceeds \$33,500.** Please note that the Dean of the Graduate Division must approve the acceptance of other awards.

**A REMINDER: STUDENTS WHO RECEIVE A FELLOWSHIP AWARD MUST BE REGISTERED FOR A MINIMUM OF 12 UNITS EACH SEMESTER, AND MUST COMPLETE THE FAFSA**

**LETTER OF RECOMMENDATION FOR CONTINUING/RETURNING GRADUATE STUDENT 2017-2018**

Name of Applicant: \_\_\_\_\_  
 (Please print) Last Name First Name M.I.

Area/Program: \_\_\_\_\_

**To the Recommender:**

The person named above is applying for a fellowship from the Graduate School of Education at Berkeley. What are your personal impressions of the candidate's intellectual ability, ability in research, and/or professional skills? Please comment on the quality of previous work, professional growth during the period you have known this individual, and promise of productive scholarship.

Rate this applicant in overall promise compared to other students in the UC Berkeley GSE or comparable programs (Check one)

Below Average 1	Average 2	Above Average 3	Good 4	Excellent 5	Outstanding 6	Truly Exceptional 7	Inadequate Opportunity to Observe
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Please complete if applicable:  
 Best student this year      Best student in five years      Best student in ten years      Best student in \_\_\_ years

Recommender's name: \_\_\_\_\_

Position or title: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the Fellowships Coordinator, School of Education, 1600 Tolman Hall, UC Berkeley, Berkeley, CA 94720, **no later than March 01, 2017**

CONTINUING/RETURNING GRADUATE STUDENT  
WAIVER OF ACCESS TO CONFIDENTIAL LETTERS OF RECOMMENDATION

**TO THE APPLICANT:** *The* Family Educational Rights and Privacy Act of 1974 gives students the right to inspect letters of recommendation written in support of applications for admission, fellowship, or academic employment. The law also permits students to waive that right if they choose, although such a waiver must be voluntary and cannot be a condition of admission, award or employment. If you do wish to waive your right to examine one of your letters of recommendation, please complete and sign the waiver below and give this form to the author of the letter to sign and submit to the School of Education's Fellowship Assistant with the letter of recommendation.

Name of student: \_\_\_\_\_

Area/Program: \_\_\_\_\_

I agree to waive access to the letter of recommendation written by:

\_\_\_\_\_  
(name of recommender)

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

Recommender: Please be sure that this waiver of access accompanies your letter of recommendation. Forward both to the Fellowships Coordinator, School of Education, 1600 Tolman Hall, UC Berkeley, Berkeley, CA 94720.  
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Name of student: \_\_\_\_\_

Area/Program: \_\_\_\_\_

I agree to waive access to the letter of recommendation written by:

\_\_\_\_\_  
(name of recommender)

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

Recommender: Please be sure that this waiver of access accompanies your letter of recommendation. Forward both to the Fellowships Coordinator, School of Education, 1600 Tolman Hall, UC Berkeley, Berkeley, CA 94720.  
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Name of student: \_\_\_\_\_

Area/Program: \_\_\_\_\_

I agree to waive access to the letter of recommendation written by:

\_\_\_\_\_  
(Name of Recommender)

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

Recommender: Please be sure that this waiver of access accompanies your letter of recommendation. Forward both to the Fellowships Assistant, School of Education, 1600 Tolman Hall, UC Berkeley, Berkeley, CA 94720.