

# UCLA Extension

## **The Ingrid Skulstad Williams Scholarships Supporting Women Enrolling in Certificate Programs**

The Ingrid Skulstad Williams Scholarships were established to support women returning to post-secondary education to become more self-sufficient. Ms. Williams was born and grew up in Nazi-occupied Europe and immigrated to the United States as a young adult. Her husband passed away unexpectedly at a young age and she faced the challenge of becoming self-supporting. She returned to the classrooms of UCLA Extension in the late 1970s to pursue business courses and went on to a successful career in the travel industry. Through her estate, Ms. Williams established this scholarship endowment to help women who would otherwise not have the financial means or opportunity to attend post-secondary education as she valued the role lifelong learning can have in changing lives. Each year in perpetuity UCLA Extension will award a minimum of one scholarship up to \$5,000 toward course fees within a certificate program.

### **To be considered eligible, applicants should meet the following criteria:**

- Women
- Minimum attainment of an Associate degree (AA) or equivalent
- Applicant must meet all prerequisites of the individual certificate program he/she has chosen
- Gross income cannot exceed \$2,500 a month for a household of one. This threshold increases 10% for each additional person in the household: household size: 1 = \$2,500 a month; 2 = \$2,750, etc.
- UCLA and UCLA Extension employees and their family members or dependents are not eligible to apply

### **To apply, candidates must submit by Friday, April 30, 2010:**

- Completed application form
- 450-500 word, typed Personal Statement
- Official transcript from college or university to demonstrate previous higher education
- Two recommendation letters; recommenders may be current or former employers, college teachers, or leaders of volunteer or civic organizations with whom you have worked.
- A signed photocopy of your/your spouse's 2009 Federal Income Tax Return (IRS Form 1040, 1040A, 1040EZ 1040TEL) with all schedules and worksheets (or that of your parents if you were claimed as a dependent-parental tax returns are required for applicants born after 01/01/1987)
- A photocopy of your/your spouse's most current payroll check stub(s): check stubs must be dated within the past 30 days
- If you are currently unemployed and/or receiving public assistance, current documentation dated within the past 30 days verifying source of income and monthly entitlement is required.
- Eligibility criteria for all final candidates will be checked and confirmed by UCLA Extension.

**Applications will be accepted Monday, April 12 through Friday, April 30, 2010. The deadline to apply is Friday, April 30, 2010 by 4:30 pm. Applications will only be accepted via US mail or hand delivered to: Deloris Hastye, UCLA Extension, 10995 Le Conte Avenue, Room 770, Los Angeles, CA 90024. No faxes or emails are accepted. Postmarks will be honored. Only complete applications will be considered. Submission of applications that are incomplete, late or are from students who are not eligible will not be considered. Applications will not be returned. UCLA Extension reserves the right to request additional financial documentation.**

**Applicants selected for a scholarship will be notified by May 31, 2010. Scholarship recipients can utilize their awards to offset course fees beginning in the summer 2010 quarter and will have two years from the date of their award to utilize the full scholarship amount.**

**If you have any questions regarding the Ingrid Skulstad Williams Scholarship, please call Deloris Hastye at 310-825-7728 or email [scholarship@uclaextension.edu](mailto:scholarship@uclaextension.edu).**

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## Ingrid Skulstad Williams Scholarship Application Form

**Due date April 30, 2010**

Student's Name: \_\_\_\_\_  
Last Name First Name

Local Address: \_\_\_\_\_  
Number and Street  
\_\_\_\_\_  
City/State/ Zip

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Certificate Program you wish to enroll in: \_\_\_\_\_

Quarter you wish to start Certificate Program: \_\_\_\_\_

**Personal Statement: In 450 to 500 words, describe what you hope to accomplish once you have completed your certificate program. Include in your essay why you selected this particular certificate and how it will help you toward your goals in general and specifically toward becoming more self-sufficient.** Judging of the essay will take into account specific information regarding the steps you have taken toward your goal, how your past experience integrates with your future plans, and your ability to communicate in writing. Essays longer than the indicated word-length will be disqualified. Essays must be typed.

By submitting this application to UCLA Extension, Development Office, 10995 Le Conte Avenue, Room 770, Los Angeles, CA 90024, to be considered for an Ingrid Skulstad Williams Scholarship, I certify that all information on this form and any attachment is true, complete, and accurate, and that I am the author of the original personal statement included with this application. Additionally, I give UCLA Extension permission to confirm my eligibility for the scholarship, share my application with the scholarship review committee, and utilize quotes from my personal statement in marketing materials.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Recommendation for the Ingrid Skulstad Williams Scholarship

To be completed in full in English by the recommender only.

A note to the recommender: Thank you for assisting with the student's application for a scholarship. You may either use this form for your recommendation or provide a letter on your own letterhead with the requested information.

Student Name: \_\_\_\_\_

Describe your relationship to the applicant. Include length of time you have known the applicant.

Write a brief statement about how you think this student qualifies for a scholarship and their ability to succeed in a UCLA Extension Certificate Program.

Recommended by: \_\_\_\_\_  
Name (please print) Title

Signature Date Phone

Please return this form to the applicant in an envelope with your signature across the seal. The applicant is to return the unopened envelope with the application to UCLA Extension.

## Ingrid Skulstad Williams Scholarships APPLICATION

FOR OFFICE USE ONLY
Approved Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Received: _____
Time: _____ Initials: _____

Applications are only accepted during the application filing period. Only complete applications, including complete financial information, will be considered. Applications and supporting documents cannot be accepted by fax and/or e-mail transmission.

**IDENTIFICATION** PLEASE TYPE OR PRINT IN INK. Date \_\_\_\_\_

NAME \_\_\_\_\_ DAYTIME PHONE ( ) \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Number & Street City & State Zip Code

**EDUCATION HISTORY**

Circle last year completed.  
High School 10 11 12 College 1 2 3 4

College Name	Dates	Degree
_____	_____	_____
_____	_____	_____

I have attended UCLA Extension:  Yes  No Dates \_\_\_\_\_

**EMPLOYMENT INFORMATION**

EMPLOYER (current or most current) \_\_\_\_\_

BUSINESS PHONE ( ) \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ GROSS MONTHLY SALARY \$ \_\_\_\_\_

DATES EMPLOYED: From \_\_\_\_\_ To \_\_\_\_\_

SPOUSE'S EMPLOYER \_\_\_\_\_

BUSINESS PHONE ( ) \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ GROSS MONTHLY SALARY \$ \_\_\_\_\_

DATES EMPLOYED: From \_\_\_\_\_ To \_\_\_\_\_

**IF APPLICABLE:** (Social Security Number is Claim Number)

UNEMPLOYMENT: Claim Number \_\_\_\_\_ DISABILITY: Claim Number \_\_\_\_\_

WELFARE: Social Worker's Name \_\_\_\_\_ SOCIAL SECURITY: Claim Number \_\_\_\_\_

Phone ( ) \_\_\_\_\_ VOC. REHAB: Counselor's Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_

**STUDENT STATUS** (please check)

I am supported by:  1. Self      Beginning Date \_\_\_\_\_  
 2. Parent(s)  
 3. Spouse  
 4. Other

**If you checked 1, attach a signed copy of your 1040 tax form or a statement explaining why one was not filed, including W-2 forms.**

**If you checked 2, 3, or 4, attach a signed copy of that person's 1040 tax form or a statement why one was not filed, including W-2 forms.**

**CONFIDENTIAL FINANCIAL STATEMENT**

	MONTHLY	ANNUAL
<b>INCOME</b>		
WAGES, SALARIES, ETC.	\$ _____	\$ _____
SPOUSE'S WAGES, SALARIES, ETC.	\$ _____	\$ _____
CONTRIBUTION FROM OTHERS: (If contribution is not in dollars, compute dollar amount and explain.)*	\$ _____	\$ _____
OTHER: TYPE _____	\$ _____	\$ _____
SOCIAL SECURITY BENEFITS	\$ _____	\$ _____
VETERANS BENEFITS	\$ _____	\$ _____
OTHER: (Child support, welfare, etc.)	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____ **
<b>EXPENSES</b>		
RENT OR MORTGAGE PAYMENT	\$ _____	\$ _____
FOOD	\$ _____	\$ _____
UTILITIES	\$ _____	\$ _____
INSURANCE	\$ _____	\$ _____
HOME/APARTMENT	\$ _____	\$ _____
AUTO	\$ _____	\$ _____
OTHER (i.e., life, theft)	\$ _____	\$ _____
CREDIT CARD PAYMENTS	\$ _____	\$ _____
TRANSPORTATION (car payments, gas, repairs)	\$ _____	\$ _____
MEDICAL/DENTAL	\$ _____	\$ _____
RECREATION	\$ _____	\$ _____
CHILD CARE	\$ _____	\$ _____
CLOTHING	\$ _____	\$ _____
OTHER (include payments on student loans and debts)	\$ _____	\$ _____
SPECIFY: _____		
<b>TOTAL</b>	\$ _____	\$ _____

\*Explain any exceptional financial condition on the following page.  
 \*\*Indicating "0" or "no income" is not acceptable.

**ASSETS AND INDEBTEDNESS** (please enter figure or word "NONE")

CASH, SAVINGS AND CHECKING ACCOUNTS AS OF THE FIRST OF THIS MONTH \$ \_\_\_\_\_

REAL ESTATE: MARKET VALUE \_\_\_\_\_

UNPAID MORTGAGE \_\_\_\_\_

INVESTMENTS (STOCKS, BONDS, AND OTHERS) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER OUTSTANDING DEBTS (not previously included)

\_\_\_\_\_

\_\_\_\_\_

IF YOU WISH TO EXPLAIN AN EXCEPTIONAL FINANCIAL CONDITION, PLEASE USE THE REMAINDER OF THIS PAGE OR ATTACH AN ADDITIONAL SHEET.

I DECLARE THAT ALL INFORMATION CONCERNING MYSELF AND OTHERS REPORTED ON THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE, CORRECT, AND COMPLETE. I AGREE TO RELEASE THIS INFORMATION FOR VERIFICATION.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_