

The Ingrid Skulstad Williams Scholarship 2018 Supporting Women Enrolling in Certificate Programs

The Ingrid Skulstad Williams Scholarship was established to support women returning to postsecondary education to become more self-sufficient. Ms. Skulstad 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. Skulstad Williams established this scholarship endowment to help women who would otherwise not have the financial means or opportunity to attend postsecondary education. Ms. Skulstad Williams believed strongly that lifelong learning can change 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:

- Applicant must be a woman
- Minimum attainment of an associate degree (AA) or equivalent
- Applicant must meet all prerequisites of the individual certificate program 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 Monday, May 21, 2018:

- 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 2017 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 who are under age 24, if a full-time student, at the end of the tax year).
- 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 23, 2018 through Monday, May 21, 2018. The deadline to apply is Monday, May 21, 2018 by 4:00 pm. Applications will only be accepted via US mail or hand delivered to: Elise C. Lebron, UCLA Extension, 10995 Le Conte Avenue, Room 770, Los Angeles, CA 90024. No faxes or emails are accepted. Postmarks will not be honored. Only complete applications will be considered. Submission of applications that are incomplete, late or 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 Monday, August 13, 2018. Scholarship recipients can utilize their awards to offset course fees beginning in the Fall 2018 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 Elise C. Lebron at (310) 825-7728 or email scholarships@uclaextension.edu.

**Ingrid Skulstad Williams Scholarship
Application Form 2018**

Due date: May 21, 2018

Student's Last Name: _____ **First Name:** _____

Local Address (Number and Street): _____

City: _____ **State:** _____ **Zip:** _____

Daytime Telephone: () _____ **Email:** _____

Quarter you wish to start Certificate Program: _____

If you are currently enrolled in a certificate program, please provide the name of the certificate you are enrolled in and expected quarter of completion: _____

Personal Statement: In 450 to 500 words, describe what you hope to accomplish once you have completed your certificate program. In your essay, include why you selected this particular certificate and how it will help you toward your goals in general and, more specifically, toward becoming more self-sufficient. Evaluation of the essay will include the information provided on 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 2018

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 2018

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

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

IDENTIFICATION PLEASE TYPE OR PRINT IN INK.		Date of Birth _____
Name _____		Daytime Phone (____) _____
_____ Last	_____ First	_____ Middle
Address _____		_____ Zip Code
_____ Number & Street		_____ City & State
EDUCATION HISTORY		
Circle last year completed.		
High School	10	11
College	1	2
	3	4
College Name	Dates	Degree
_____	_____	_____
_____	_____	_____
I have attended UCLA Extension: <input type="checkbox"/> Yes <input type="checkbox"/> 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 2. Parent(s) 3. Spouse 4. Other Beginning Date _____

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
INCOME		
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.)	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____ **
EXPENSES		
RENT OR MORTGAGE PAYMENT	\$ _____	\$ _____
FOOD	\$ _____	\$ _____
UTILITIES	\$ _____	\$ _____
INSURANCE	\$ _____	\$ _____
HOME/APARTMENT	\$ _____	\$ _____
AUTO	\$ _____	\$ _____
OTHER (e.g. 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: _____		
TOTAL	\$ _____	\$ _____

* 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.