The Ingrid Skulstad Williams Scholarship 2016 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 Friday, April 29, 2016:

- 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 2015 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 01/01/1993)
- 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 Friday, April 1 through Friday, April 29, 2016. The deadline to apply is Friday, April 29, 2016 by 4:30 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 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 June 30, 2016. Scholarship recipients can utilize their awards to offset course fees beginning in the Fall 2016 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 scholarship@uclaextension.edu.

Ingrid Skulstad Williams Scholarship Application Form 2016

(310) 825-7728 or email scholarship@uclaextension.edu.

Due date April 29, 2016

Student's Last Name:	First Name:		
Local Address (Number and Street):			
City:	State:	Zip:	
Daytime Telephone: ()	Email:		
Quarter you wish to start Certificate Program:			
Personal Statement: In 450 to 500 words, descricertificate program. In your essay, include why your toward your goals in general and, more specificate will include the information provided on the steps you with your future plans, and your ability to communicate disqualified. Essays must be typed.	ou selected this particular coally, toward becoming more so have taken toward your goa	ertificate and how it will help you self-sufficient. Evaluation of the essay I, how your past experience integrates	
By submitting this application to UCLA Extension, DAngeles, CA 90024, to be considered for an Ingrid form and any attachment is true, complete, and accincluded with this application. Additionally, I give UC share my application with the scholarship review commaterials.	Skulstad Williams Scholarshipurate, and that I am the author CLA Extension permission to co	o, I certify that all information on this of the original personal statement onfirm my eligibility for the scholarship,	
Student's Signature:	Date:		
If you have any questions regarding the Ingrid Skuls	tad Williams Scholarship, plea	se call Elise C. Lebron at	



Recommendation for the Ingrid Skulstad Williams Scholarship 2016

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) _____ 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 2016

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 No No	
Date Received:		
Time:	Initials:	

IDENTIFICATION PLEASE TYPE OR PRINT IN INK. Name		Date of Birth Daytime Phone ()	
	First	Middle	, <u> </u>
Number & Street	C	ity & State	Zip Code
EDUCATION HISTORY			
Circle last year completed. High School 10 11 12	Coll	lege 1 2 3	4
College Name	Da	ates	Degree
I have attended UCLA Extension: Yes	□ No Da	ates	
EMPLOYMENT INFORMATION			
EMPLOYER (current or most current)			
Business Phone ()	Business Phone ()		
Occupation		Gross M	lonthly Salary \$
Dates Employed: From	To		
Spouse's Employer			
Business Phone ()	Business Address	3	
Occupation		Gross M	lonthly Salary \$
Dates Employed: From	To		
IF APPLICABLE: (Social Security Number is	s Claim Number)		
Unemployment: Claim Number Disability: Claim Number		ber	
Welfare: Social Worker's Name	Velfare: Social Worker's Name Social Security: Claim Number		n Number
Phone ()		VOC. REHAB: Counselor's Name	
		Phone ()	

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STUDENT STATUS (please check)		
I am supported by: $\ \square$ 1. Self $\ \square$ 2. Parent(s) $\ \square$ 3. Spouse $\ \square$ 4. Other Be	ginning Date	
If you checked 1, attach a signed copy of your 1040 tax form or a statement expl W-2 forms.	aining why one was	not filed, including
If you checked 2, 3, or 4, attach a signed copy of that person's 1040 tax form or a including W-2 forms.	statement why on	e was not filed,
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 (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:		

TOTAL \$_____ \$___

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

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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.