

**APPLICATION
FOR CELIA M. HOWARD
FELLOWSHIP**

OFFERED BY

THE ILLINOIS FEDERATION OF BUSINESS AND PROFESSIONAL WOMEN'S CLUBS

www.celiamhowardfellowship.com

INSTRUCTIONS FOR COMPLETING THE APPLICATION ARE As FOLLOWS:

1. Read the directions and brochure or web site information carefully before filing the application.
2. Type all the information; the application is a fill able adobe form which can be completed with your adobe reader.
3. Sign the waiver statement provided on the Reference Form and send one form to each individual you list in Section V.
4. Include the following supporting credentials:
 - a. Statement of not less than 300 nor more than 500 words indicating why you are interested in a career in the field you have chosen.
 - b. If ever in military service, a copy of discharge papers. (These materials cannot be returned to you.)
5. Send completed application postmarked no later than **November 15th** to:

Fayrene Wright, Chair
Celia M. Howard Fellowship Fund Committee
804 E. Locust St.
Robinson, IL 62454
Phone: 618-546-1233
Email: fayrene1@yahoo.com

6. Arrange for complete transcript of credits to be forwarded to the Transcript Committee by the registrar of each college/university you have attended. Transcripts must be received by the Transcript Committee no later than **November 15th**. Send to:

Lorraine Tyson
1442 West Walton, Unit #3
Chicago, IL 60622

II. ACADEMIC BACKGROUND

1. From which high school did you graduate? _____ Year _____

2. Supply in chronological order all information requested below regarding colleges, universities, professional schools attended:

	Name of Institution	Location	Dates of Attendance	Degree or Diploma	Month and Year
Universities	_____	_____	_____	_____	_____
Colleges	_____	_____	_____	_____	_____
Graduate and Professional Schools	_____	_____	_____	_____	_____

3. Are you now attending a school of any kind? Yes ____ No ____ If yes, state name and address _____
and Department _____

4. What was your major for your undergraduate degree? _____

5. Please list the classes and credit hours that fulfill the required 12 credits in history, economics, and/or political science.

6. In what fields have you had graduate courses? _____

7. List scholastic honors, scholarships, and awards received, including membership in honorary societies, both high school and college:

Name	State nature or field	Date Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

*8. What foreign language(s) have you learned through college-level course work? _____

*9. What foreign language(s) do you (a) Speak _____
(b) Read _____

III. EXPERIENCE

1. List all positions you have held, most recent first.

Name of Employer	Type of Work	Dates Held	Reason left
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* Complete for AGSIM and Fletcher

III. EXPERIENCE (Continued)

2. Describe any internships experiences: _____

IV. SPECIAL INTERESTS

1. List organizations and activities in which you are or have been active.

<i>Name</i>	<i>Type of Organization</i>	<i>Offices Held</i>	<i>Dates</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Travel experience:

<i>In United States</i>	<i>In Foreign Countries</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. REFERENCES

Give names and address of three persons not related to you, who are well informed as to your cultural and educational background, intellectual ability and general character traits. One should be an academic reference, preferably from your major field of study.

	<i>Name</i>	<i>Address</i>	
1.	_____	_____	_____
		<i>Street</i>	<i>City, State</i> <i>Zip Code</i>
2.	_____	_____	_____
		<i>Street</i>	<i>City, State</i> <i>Zip Code</i>
3.	_____	_____	_____
		<i>Street</i>	<i>City, State</i> <i>Zip Code</i>

VI. FINANCES

1a. Anticipated cost for the school year: _____ - _____
 (beginning mo/yr) (ending mo/yr)

1b.

DESCRIPTION		COST ESTIMATE
DIRECT EXPENSES	Tuition & Fees	\$ _____
	Books & Materials	\$ _____
INDIRECT EXPENSES	Rent, Utilities, Phone	\$ _____
	Food	\$ _____
	Personal Expenses	\$ _____
	Transportation	\$ _____
	Other	\$ _____
TOTAL		\$ _____

2. How do you plan to finance your graduate education?

Self \$ _____ Family \$ _____ Scholarships \$ _____ Loans \$ _____

Other \$ (Specify) _____

3. List other scholarships for which you have applied. _____

4. How was your undergraduate education financed? Self \$ _____ Family \$ _____

Scholarships \$ _____ Loans \$ _____ Other (specify) \$ _____

Amount still outstanding? \$ _____

5. Explain any special circumstances: _____

VII. STATEMENT OF PURPOSE

The purpose of the Celia M. Howard Fellowships is to provide financial assistance to Illinois women in obtaining a degree that will enable the recipient to pursue a career in one of the following areas:

1. Some form of government service, in diplomatic service, international relations or related careers, in the United States or a foreign country
2. Law enforcement, court administration and auxiliary services, correctional institutions, community-based programs or criminal justice planning agencies
3. Law

If accepted as a recipient of a Fellowship, I will assume full responsibility for fulfilling the purpose of the Fellowship, by making a personal effort to pursue one of the career areas outlined above as soon as possible after the completion of my studies at _____ ; and I will continue in this career unless there is some condition beyond my control.

I understand that I am required to inform the Committee of any other scholarships and amounts that I receive.

I understand I am required to send a progress report of my education and career path by November 15 of each year for five years immediately following the awarding of a fellowship to the Chairman of the Celia M. Howard Fellowship Committee, Fayrene Wright, 804 E. Locust St. Robinson, IL 62454.

I further agree that my name and photograph may be used for publicity purposes and that when possible, I will make myself available for programs about the Fellowship and my career as a recipient of the Celia M. Howard Fellowship.

I have read this application carefully and have full knowledge of the requirements of the Fellowship. The information supplied by me on this application and in supporting documentation is true and correct to the best of my knowledge.

Date: _____

Signature _____

REFERENCE FORM

CELIA M. HOWARD FELLOWSHIP

Offered by

THE ILLINOIS FEDERATION OF BUSINESS AND PROFESSIONAL WOMEN'S CLUBS

For Study at

(Institution)

TO: _____ DATE: _____

Your name has been given as a reference by:

Name _____ Address _____

who has made application for a Celia M. Howard Fellowship. This Fellowship is awarded by the Illinois Federation of Business and Professional Women's Clubs to mature Illinois Women for graduate study leading to one of the following degrees:

- Master of Arts in Law and Diplomacy, Fletcher School of Law and Diplomacy, Medford, MA
- Master of International Management, American Graduate School of International Management, Glendale, AZ
- Master of Science in Administration of Justice, Southern Illinois University, Carbondale, IL
- Law, University of Illinois, Champaign, IL

This applicant is pursuing the degree that is checked.

After completing this form, please return it to the Chairman of the Fellowship Fund Committee. Your report will be treated in strict confidence. Late references may jeopardize an applicant's eligibility.

MAIL BY NOVEMBER 15th TO:

Fayrene Wright
804 E. Locust St.
Robinson, IL 62454

State below your opinion of the qualifications of the applicant for this Award. Your statement should include your knowledge of the applicant's:

1. Ability to do academic work of high quality
2. Emotional stability
3. Sense of responsibility
4. Initiative and leadership abilities
5. Ability to work well with people.

If you need more space, please use a separate sheet.

Date _____ Signed _____
Address _____
Position or relationship to _____
Applicant _____ Telephone No. _____

RELEASE OF ACCESS TO THIS LETTER OF RECOMMENDATION

The applicant must complete and sign the following statement before submitting this form to the recommender. This request is in compliance with Federal Law P. L. 93-380 (Family Educational Rights and Privacy Act of 1974).

- I waive my rights of access to this letter of recommendation.
- I do not waive my right of access to this letter of recommendation.

Signature of applicant _____ Date _____
Name of Candidate _____ Applicant for _____
PLEASE PRINT Last First Middle (Institution)

Celia M. Howard Fellowship Checklist

Mail completed application with transcript by November 15th to Fayrene Wright, Chair

Mail transcript by November 15th to Chair of Transcript Committee, Lorraine Tyson

Mail reference forms to individuals listed in Section V ensuring they know it must be received by Chair Fayrene Wright by November 15th.