

1.B. List how much you expect to earn from positions in 1.A.:

2. Do you anticipate completing any additional internships before you graduate? _____

If so, please list them:

3. List all extra curricular activities:

IV. References

Give the names and addresses of two academic references.

1. _____
 Name Street City, State Zip Code

2. _____
 Name Street City, State Zip Code

V. FINANCIAL NEED

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	\$
	Food	\$
	Transportation	\$
	Other (Specify)	\$
TOTAL		\$

2. If you should not receive this fellowship, how do you plan to finance the remainder of your Program? _____

3. List any other scholarships for the year referenced above for which you have applied:

VI. Briefly answer the following questions.

1. Describe your best and most challenging experiences in your current program:

2. What impact has the Celia M. Howard Fellowship had on your education and personal life This year?

3. Why are you deserving of an additional Celia M. Howard Fellowship?

4. How do you plan to fulfill your obligation to the Celia M. Howard Fellowship Committee after graduation?

5. Have you become involved in any BPW related activities such as joining a Local Organization, Speaking at any BPW or other related meetings since receiving your Fellowship?

If so, please describe them: _____

V. STATEMENT OF PURPOSE

The purpose of the Celia M. Howard Fellowship 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 services, international relations or related Careers, 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.

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

I understand I am required to send a progress report of my educational and career path by November 15 of each year for five (5) years immediately following the awarding of a Fellowship to the Chair, Celia M. Howard Fellowship Committee, Fayrene Wright, 802 E. Main 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.

Signature: _____ Date: _____