The Grace Berry Award for Women in Graduate Studies

Applications must be sent via email to mmartin@scrippscollege.edu by Friday, May 15, 2020. Email letters of recommendation will not be accepted unless they are sent by the recommender by the due date. Please refer to the checklist on page two of the application when completing your application. No exceptions will be made.

General Information. The Grace Berry Award for Women in Graduate Studies is made possible by a gift to Intercollegiate Feminist Center for Teaching, Research and Engagement from Pomona College alumna Margarita Lorbeer Horner for the purpose of helping women at the Claremont Graduate University pursue their education. The gift was made in honor of Grace Berry, founder of the Pomona Valley Branch of the American Association of University Women in 1918. Grace Berry was a faculty member at Pomona College and dorm mother of the Sumner women’s dorm there.

The award amount is $500. The number of awards made is dependent on funds available; in 2019, four awards were given.

To see profiles of previous recipients, visit: https://colleges.claremont.edu/ifc/resources/grace-berry-award/.

Eligibility. The Grace Berry Award for Women in Graduate Studies supports women in graduate studies across the disciplines at the Claremont Graduate University. The award is intended to pay for expenses connected with students’ immediate educational needs, such as tuition payment, purchase of books and materials for classes or research, and so on. It is not intended for conference or travel expenses. Applicants will be judged on established need and academic excellence. Preference may also be given to applicants whose work is related to Women's and Gender Studies and who have begun work towards a thesis or dissertation.

Selection Process. Members of the IFC Steering Committee will review applications. Applicants will be notified of the results of the selection process before the close of the fiscal year (June 30).
Instructions for Grace Berry Award Application

The application for the Grace Berry Award for Graduate Women consists of five parts. The required forms are included with these instructions. Submit your complete application, to mmartin@scrippscollege.edu.

Application deadline: May 15, 2020

Your application must include:

1. Application Form.

2. Financial Disclosure Form. (This is a need-based award; this form will be consulted in the selection process.)


4. Personal Statement. Provide a 1–2-page statement describing your current graduate work and research, why you are applying for the Grace Berry Award, and if relevant, how your work will contribute to Women’s/Gender Studies, as well as what you hope to accomplish with the support of the Grace Berry Award. Use this statement to share information that may not be apparent in your c.v.

5. Two letters of recommendation. Please complete the two recommendation forms before giving them to your recommenders. Each recommendation, consisting of the completed form and recommender’s letter, must be returned to mmartin@scrippscollege.edu by the recommender only.

Checklist of Application Materials

___ Application Form
___ Personal Income Form
___ Curriculum Vitae
___ Personal Statement
___ Letters of Recommendation (2)
Grace Berry Award for Women in Graduate Studies, 2020
Application Form

Name___________________________________________________________________
Last     First   (Middle initial)
___________________________________________________________________
Address  _________________________________________________________________
City  __________________________________    State ______   Zip ____________
Telephone  __________________ Alternate telephone  ___________________
E-mail address ____________________________________________________________
Discipline area/school at CGU _______________________________________________
Academic advisor __________________________________________________
Research concentration ______________________________________________
Current G.P.A.___________
Expected date of degree completion ____________________________________
Recommender names and contact information:
1.   __________________________________________________________________________
     Name                                                  Address     Phone
2.   __________________________________________________________________________
     Name                                                  Address     Phone

Signature of applicant ________________________________      Date ______________
Signature of academic advisor _________________________       Date ______________
The Grace Berry Award for Women in Graduate Studies
Financial Disclosure Form

Name _____________________________ CGU Student I.D. ________________________________

Department of Study ________________________________________________________________

I plan to take the following number of units during 2020-2021:
Fall ______ Spring _____ Summer _____

I am applying for institutional financial aid from CGU (tuition fellowship, stipend or assistantship)

Please be sure to attach separate documents to describe any special circumstances that would help us when considering financial support for you.

Family Information
Do you expect to receive parental assistance? □ yes  □ no  If yes, how much? __________
Are you married or living with someone in an equivalent relationship? □ yes  □ no
Do you intend to be married during the upcoming year? □ yes  □ no
Number and ages of dependents (excluding self and spouse): _______________________________________
In your household, how many persons are dependent upon the income and assets shown below? __________
How many in your household will be attending college or graduate school next year? __________

<table>
<thead>
<tr>
<th>Income Information (use annual figures)</th>
<th>2019 (actual)</th>
<th>2020 (actual)</th>
<th>2021 (projected)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self (employment gross income)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Spouse (if you are married)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Parents (if providing assistance)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Income</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Specify source of other income: _____________________________________________________________

<table>
<thead>
<tr>
<th>Expense Information (use annual figures)</th>
<th>2019 (actual)</th>
<th>2020 (actual)</th>
<th>2021 (projected)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent or Mortgage</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Fixed Expenses*</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

*(expenses that will remain the same regardless of your income or where you live, e.g. loan payments, alimony, child support)

<table>
<thead>
<tr>
<th>Asset Information (current value)</th>
<th>Applicant and Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash, savings, certificates</td>
<td>$</td>
</tr>
<tr>
<td>Investments (e.g. stocks, bonds, trusts)</td>
<td>$</td>
</tr>
<tr>
<td>Home and other Real Estate Equity (if you rent write ∅)</td>
<td>$</td>
</tr>
<tr>
<td>Trust Funds</td>
<td>$</td>
</tr>
</tbody>
</table>

Financing Your Education
Monthly payments on undergraduate loans: $ _______  Total borrowed: $ _______  Balance remaining: $ _______
Can these payments be deferred while you are registered in graduate school? □ yes  □ no
Monthly payments on graduate loans: $ _______  Total borrowed: $ _______  Balance remaining: $ _______
Can these payments be deferred while you are registered in graduate school? □ yes  □ no

I certify that the information provided in this form is accurate and that I have omitted no material information regarding my financial situation. I also understand that if at a later determination any information in this application is found to be inaccurate it may result in the withdrawal of any monies awarded to me. I agree to provide or release academic information as requested by the Grace Berry Fellowship Fund.

Signed ___________________________________________ Date _______________________
Recommendation Form for Grace Berry Award Applicant

Name of applicant ________________________________

Applicant: Check the appropriate line and sign below, in accordance with the Family Education Rights and Privacy Act of 1974, before you give the form to the recommender.

☐ I waive my right of access to this letter of recommendation.

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

Applicant’s signature ____________________________________ Date ________________

To the recommender:

In what capacity have you known the applicant? ____________________________________

_____________________________________________________________________________

For how long? _____________________________

Please give your full and candid assessment of the applicant, addressing, where applicable, the following: the applicant’s previous work; the applicant’s proposed project and its importance in its field; the capacity of the applicant to contribute as an active member of a community of artists and scholars; the importance to of this award to the applicant. (Please attach letter or statement.)

Name of Recommender ______________________________________________

Title ___________________________________________

Institution _______________________________________

Address ____________________________________________________________________

Signature ____________________________________ Date_______________________

Recommender: Please return this form with your letter of recommendation to mmartin@scrippscollege.edu by May 15, 2020.)
Recommendation Form for Grace Berry Award Applicant

Name of applicant ________________________________

Applicant: Check the appropriate line and sign below, in accordance with the Family Education Rights and Privacy Act of 1974, before you give the form to the recommender.

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Title ___________________________________________

Institution _______________________________________

Address ____________________________________________________________________

Signature ____________________________________         Date_______________________

Recommender: Please return this form with your letter of recommendation to mmartin@scrippscolluge.edu by May 15, 2020.)