

UCLA College of Letters and Science  
*Helen Matthewson Club Memorial Scholarship*

The UCLA College announces the Helen Matthewson Club (HMC) Memorial Scholarship. This award memorializes Helen Matthewson Laughlin, who served as Dean of Women Students at UCLA. Full-time, continuing, transferring, or returning students who complete their first year may apply, regardless of race, gender, and/or national origin.

Eligibility:

Applicants must be partially self supporting and in need of financial assistance. California residents who are full time continuing, transfer or returning UCLA students with sophomore or junior standing are eligible to apply. Undergraduate students must be enrolled at UCLA for the academic year (Fall, Winter and Spring Quarters). Applicants are expected to maintain at least a cumulative 2.8 GPA, be at least partially self-supporting and in need of outside financial assistance.

Award Amount:

Variable and renewable for fees. Applicants who receive this scholarship must reapply each year to become eligible for consideration the following year.

Application Procedures:

- Complete the Scholarship Application Form
- Fill out the attached Financial Data Form (Projected Budget for 2013-2014)—indicate your budget, as well as all scholarships, loans, grants, or financial aid for which you applied or received.
- Submit a personal statement (maximum 500 words—or two double-spaced pages). **The essay will be used as a sample of your writing.** Please describe:
  - ✓ your career goals and the factors which motivated you to attend UCLA
  - ✓ the extent to which you need supplemental financing
  - ✓ pertinent information not covered in the Scholarship Application Form
- Include an official or unofficial transcript of all college transcripts
- Please attach the letter of recommendation form and, if available, recommender's letter.

The review committee encourages applicants to submit all requisite materials at the same time.

Deadline:

**Applications must be postmarked by May 15<sup>th</sup>.**

Notification:

A HMC Scholarship Committee will arrange to interview finalists as part of the selection process. Finalists will be interviewed in early October and notified of their status by October 30<sup>th</sup>.

Submit completed application by U.S. or Campus Mail, or deliver to:

Helen Matthewson Club Memorial Scholarship  
c/o Angela Deaver Campbell, Director

330 DeNeve Drive, 233 Covell Commons  
Los Angeles, CA 90095-7247

**FOR OFFICE USE ONLY – DATE RECEIVED:**

**UCLA College of Letters and Science**

*Helen Matthewson Club Memorial Scholarship Application Form*

Name (print) \_\_\_\_\_ UCLA ID # \_\_\_\_\_

Last 4 Digits of Social Security Number: \_\_\_\_\_

Mailing Address (print): \_\_\_\_\_

Email: \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Marital Status:       Single       Separated       Divorced       Married

Age: \_\_\_\_\_ If under 21, please provide parent(s) or guardian(s)' name(s) and address:

Names (print) \_\_\_\_\_

Mailing Address (print): \_\_\_\_\_

Email: \_\_\_\_\_ Phone \_\_\_\_\_

High School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Are you a: (Please check only one)

US Citizen  Permanent Resident  F-1 Visa Holder  J-1 Visa Holder

Are you a California Resident?      Yes       No

UCLA Major/Minor \_\_\_\_\_

Class Level:      Freshman       Sophomore       Junior       Senior

Expected UCLA Graduation Date \_\_\_\_\_ Number of units per quarter \_\_\_\_\_

Cumulative UCLA GPA \_\_\_\_\_ Previous quarter GPA \_\_\_\_\_

(If a transfer student, cumulative community college GPA.)

Projected graduate study plans:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List current and prior job titles, full- or part-time employers, and salary (you may attach a separate sheet and/or resume):

\_\_\_\_\_  
\_\_\_\_\_

Describe current and/or anticipated outside financial assistance, such as scholarships, loans, and work study (you may attach a separate sheet, if necessary):

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Describe your special hobbies, talents, and interests:

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Describe campus activities in which you participate, if any:

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Describe any community service in which you participate, if any:

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Please provide the name, address, and phone number of a person who is not a relative, that can supply a character reference:

Name (print) \_\_\_\_\_

Mailing Address (print): \_\_\_\_\_

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Email: \_\_\_\_\_ Phone \_\_\_\_\_

Date: \_\_\_\_\_

RECEIVED:
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Signature: \_\_\_\_\_

**UCLA College of Letters and Science  
Helen Matthewson Club Memorial Scholarship  
Financial Data Form**

(Projected Budget for Academic Year)

**PLEASE PRINT OUT THIS PAGE AND FILL IT IN**

Name (print) \_\_\_\_\_ UCLA ID # \_\_\_\_\_

**Please estimate your expenses per QUARTER:**

Registration Fees	
Books and school supplies	
Housing (rent)	
Utilities	
Food	
Transportation and parking (i.e., automobile or public transportation)	
Medical and car insurance	
Personal expenses—clothes, cleaning, etc.	
Other expenses (specify): _____ _____	
<b>TOTAL EXPENSES PER QUARTER</b>	<b>\$</b>

**Please provide your income per QUARTER:**

Parents/Family		
Employment		
Savings		
	Pending	Definite
Scholarships, grants, Work Study, other Financial Aid		
Loans and other income		
<b>TOTAL INCOME PER QUARTER</b>	<b>\$</b>	

<b>FINANCIAL NEED PER QUARTER</b> (subtract expenses from income)	<b>\$</b>
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**UCLA College  
Scholarship Recommendation Form**

Applicant's Name: \_\_\_\_\_

UCLA Student ID Number: \_\_\_\_\_

**To the applicant:** Please give this form to your recommender who can comment on your qualifications for this scholarship. For the convenience of the person who makes the recommendation, you should include an envelope addressed to the UCLA office on the reverse side of this recommendation form. Recommenders may mail recommendation form and/or letter of recommendation separately; however, the review committee strongly encourages applicants to submit all requisite application materials at the same time.

Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation; however, those who write and assess recommendations may attach more significance to those documents if they know their comments will remain confidential. You may choose the option to waive your right to access these recommendations. Please check the appropriate statement to indicate your choice, and then sign your name below.

- I waive my right to review this recommendation.
- I do not waive my right to review this recommendation.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

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**RECOMMENDATION**  
*(Please Print)*

Recommender's Name \_\_\_\_\_

Title: \_\_\_\_\_ Institution/School: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

1. I have known the applicant for \_\_\_\_\_ year(s) and \_\_\_\_\_ months.
2. I know the applicant:       very well       fairly well       slightly
3. I know the applicant in the following capacity:  
 undergraduate student       advisee       employee       other (please specify) \_\_\_\_\_

4. Please rate the applicant on the following from high (5) to low (1):

	5	4	3	2	1
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Indicate the strength of your overall endorsement of the applicant:

- Highly recommend                       Recommend                       Recommend with some reservation

6. Please add additional information which you believe pertinent to the selection of this applicant for the Helen Matthewson Club Memorial Scholarship. Please feel free to attach additional sheet(s) or a letter.

Recommender's signature: \_\_\_\_\_

**PLEASE NOTE:** Recommenders may mail the completed recommendation form and/or letter of recommendation separately; however, *the review committee strongly encourages recommenders to enclose candidate's letter in a sealed, signed envelope with the student's name written on the front so that s/he may submit all requisite application materials at the same time.*

Thank you for completing this recommendation. If you choose to send this form separately, please mail the document to:

Helen Matthewson Club Memorial Scholarship  
c/o Angela Deaver Campbell, Director  
UCLA Scholarship Resource Center  
330 De Neve Drive, 233 Covell Commons  
Los Angeles, California 90095-7247  
(310) 206-2875

<b>RECEIVED:</b>          
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**Deadline:**

**Applications must be postmarked by May 15<sup>th</sup>. Recommendations not postmarked by this date will render student's application incomplete.**