

UCLA Division of Undergraduate Education
Bess F. Raab Scholarship Application
For Continuing UCLA Students

UCLA is pleased to announce the Bess F. Raab Scholarship.

Eligibility:

- Preference given to applicants with a minimum cumulative 3.0 GPA.
- Evidence of participation in at least one extracurricular activity at UCLA or in the community.
- Complete the FAFSA by March 2.
- Demonstrate financial need based on UCLA Financial Aid Office standards.

Award Amount:

- Amount varies – provides funding for registration fees and educational materials.

Application Procedure:

- Complete the Bess F. Raab Scholarship application.
- **Write an essay** (300 words or less, one double-spaced page) **that focuses on your extracurricular activities and how this scholarship would help you.**
(The essay will represent a sample of your writing.)
- Submit a copy of your Summary of Academic Year found on URSA under *Financial Aid Awards and Summary*. This will list your expected family contribution for the academic year.
- Provide a letter of recommendation from a UCLA faculty, instructor, or staff member.

Note: Recommenders may mail the completed recommendation separately, but the review committee **strongly suggests** that recommendations be submitted by the student together with all other requisite application materials. To maintain confidentiality, letters should be enclosed in a sealed, signed envelope with the student's name written on the front.

Deadline:

Application and supporting materials
must be postmarked no later than May 15.

Notification:

Applicants will be notified by July 30 via
e-mail. Type or print legibly your e-mail address.

Submit completed applications to:

Bess F. Raab Scholarship
UCLA Scholarship Resource Center
330 De Neve Drive
233 Covell Commons
Los Angeles, CA 90095-7247

UCLA Division of Undergraduate Education
Bess F. Raab Scholarship Application
For Continuing UCLA Students

FOR OFFICE USE ONLY – DATE RECEIVED:

Please provide all requested information – type or print legibly:

9-digit

UCLA ID #: _____

Name – last: _____ first: _____ middle: _____

Permanent
Address: _____

City: _____ State: _____ Zip code: _____

Local Address: _____

City: _____ State: _____ Zip code: _____

Permanent phone: _____ Local phone: _____

Cell phone: _____ E-mail: _____

Citizenship
status: ☐ U.S. Citizen ☐ Permanent Resident ☐ F-1 Visa ☐ J-1 Visa ☐ CA Dream Act
☐ Other _____

Gender: ☐ Male ☐ Female

Class Level for upcoming Academic Year: ☐ Sophomore ☐ Junior ☐ Senior

UCLA Major: _____ Cumulative GPA: _____

Units completed: _____ Expected UCLA graduation date (month and year): _____

Extracurricular
and Community
Activities: _____

Career Goals: _____

Financial Aid:

- ☐ I filed a Free Application for Federal Student Aid (FAFSA) prior to March 2.
☐ I designated UCLA as a recipient of my FAFSA application data.

Write an essay (300 words maximum, one double-spaced page) that focuses on your extracurricular activities and how this scholarship would help you.
(The essay will represent a sample of your writing.)

**Name of UCLA faculty, instructor, or staff member who
will write your letter of recommendation:** _____

Application and supporting materials
**must be postmarked
no later than May 15.**

Submit completed application to:

Bess F. Raab Scholarship
UCLA Scholarship Resource Center
330 De Neve Drive
233 Covell Commons
Los Angeles, CA 90095-7247

UCLA Division of Undergraduate Education
Bess F. Raab Scholarship Recommendation
For Continuing UCLA Students

FOR OFFICE USE ONLY – DATE RECEIVED:

Applicant's Name: _____

UCLA ID #: _____

To the applicant:

Please give this form to a UCLA faculty, instructor, or staff member 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 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.

Applicant's signature _____ Date: _____

RECOMMENDATION
(Please type or write legibly)

Recommender's Name: _____

Title: _____ Institution: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____ E-mail: _____

I have known the applicant for: _____ year(s) and _____ months.

I know the applicant: ☐ very well ☐ fairly well ☐ slightly

I know the applicant in the following capacity: ☐ advisee ☐ student

☐ other (please specify): _____

Please rate the applicant on the following:	Excellent	Good	Average	Needs improvement	Poor
Oral communication skills	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
Leadership ability	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
Academic ability	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
Written communication skills	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
Takes initiative	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

Indicate the strength of your overall endorsement of the applicant:

☐ Highly recommend

☐ Recommend

☐ Recommend with some reservation

Please add additional information, which you believe pertinent to the selection of this applicant for the Bess F. Raab Scholarship. Please feel free to attach an additional sheet(s) or a letter.

Recommender's
signature: _____

Date: _____

Note: Recommenders may mail the completed recommendation separately, but the review committee strongly suggests that recommendations be submitted by the student together with all other requisite application materials. To maintain confidentiality, letters should be enclosed in a sealed, signed envelope with the student's name written on the front.

Thank you for completing this recommendation. If you choose to send this recommendation form and/or letter separately, please mail it to:

Bess F. Raab Scholarship (Recommendation)
c/o Angela Deaver Campbell, Director
UCLA Scholarship Resource Center
330 De Neve Drive
233 Covell Commons
Los Angeles, CA 90095-7247
(310) 206-2875

FOR OFFICE USE ONLY – DATE RECEIVED:

Application and supporting materials **must be postmarked no later than May 15.**
Recommendations not postmarked by this date will render student's application incomplete.