**2020 Global Poverty & Practice Minor Fellowship Application**

Deadline 1: Friday, April 24th, 2020, 11:59 pm

Deadline 2: Friday, May 15th, 2020, 11:59 pm

Deadline 3: Friday, June 12th, 2020, 11:59 pm

* Applications will only be considered for practice experiences that begin between January 2020 and September 2020.
* Students may apply for up to $4,000
* Fellowship applications will be considered based on financial need and the proposed practice experience. Funding may be less than the requested sum and will be based on the specifics of the individual application.
* The fellowship is contingent on students receiving a Passing grade in GPP 105. Students who subsequently do not pass the class will be required to return their fellowship award.
* Notifications will be sent shortly after each application submission deadline.

**Submit the following documents in .pdf format to the following website*:***

[**https://deptapps.coe.berkeley.edu/award/blum/apply/1062**](https://deptapps.coe.berkeley.edu/award/blum/apply/1062)

* GPP Fellowship Application Form – (included in this document)
* Budget Form
* Current Financial Aid Award Letter, if applicable (provide screenshot of the 'Details’ from your 'Financial Aid and Scholarships' in ‘MyFinances’ through CalCentral)

***Please use the following naming protocol for all uploaded electronic application materials:***

***LastName\_FirstName\_Document\_Name***

***e.g.: Bear\_Oski\_Application\_Form***

 ***Bear\_Oski\_Budget\_Form***

**Global Poverty & Practice Minor Fellowship Application Form\***

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**Name:**       **SID:**       **Email:**

**Major(s):**
**Other Minor(s):**

**Expected Graduation Semester:**       **GPP 105 Semester:**

**Practice Experience Summary:**

Write a summary (no longer than 300 words) of your practice experience, naming the organization you will be working with, why you have chosen it, and what you will do with them.

**Organization/Project General Information**

Organization Name:

Contact Person:

Phone:       E-Mail:

Website:

Practice Location (City/State and Country):

Anticipated Start Date:

Anticipated End Date:

Total number of hours expected:

**Risk Assessment**

What risks might you encounter at the location and/or with the organization where you will be completing your practice experience? If possible, identify some ways you may mitigate these risks. If there are no notable risks associated with your PE, you can write “N/A.” (no more than 250 words)

**Financial Aid**

Please indicate the financial aid you are currently receiving:

* Cal Grant
* Incentive Awards Program
* Pell Grant
* Middle Class Scholarship
* Middle Class Access Plan Scholarship
* Regents and Chancellor’s Scholarship
* Supplemental Education Opportunity Grant
* Other:

**Paragraph Outlining Financial Need – Explain why you need the funds you are requesting to support you in completing your practice experience (no more than 200 words)**

*By submitting this application, you certify that all information included in it is current and correct.*

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Date: