

JEANETTE DUVAL SCHOLARSHIP APPLICATION

NAME	PHONE _()						
ADDRESS STREET							
CITY	STATE	ZIP_					
UID	EMAIL		_				
YEAR OF EXPECTED GRADUA	TION						
Please answer the following question What are your educational and/or voo		n?					
Have you applied for or received any	other research funding?						
Complete the following:							
1. Identify your faculty research spondescription) of your honors thesis/res			_ and the title (or				
2. Number of quarters of participation	n in research	In this lab					
3. Attach one unofficial transcript. M	ajor GPA (check DPR)						
4. Attach one Letter of Recommendation from your PS 198/199 faculty sponsor that (1) addresses your activity level in the lab, (2) addresses your contribution to the project, and (3) rates your quality of work in the lab.							

Please include a maximum one-pa	age personal statement	describing your	goals for this	s year and be	yond (attach
separately).					

For any questions concerning the application, please contact Inna Gergel at gergel@physci.ucla.edu.