DEPARTMENT OF CITY AND REGIONAL PLANNING  
University of California, Berkeley

UCTC FELLOWSHIP APPLICATION  
2008-2009

Acceptance of this fellowship requires you to complete the transportation concentration or conduct research in the area of transportation in conjunction with UCTC. You must be a US Citizen/Perm Resident. Please attach a copy of your unofficial transcript with your application. **Deadline: March 5, 2008**

Name: ____________________________  Student ID Number: ____________________________

Current Address: ____________________________

Telephone: (____)_________________ Email: ____________________________

Do you expect to be classified as a legal resident of California for tuition purposes by the beginning of Fall Semester  
Yes: ☐  No: ☐

Degree Objective:  
MCP: ☐  Dual degree program with: ____________________________  PhD: ☐  Advanced to candidacy? Yes ☐  No ☐

Expected Graduation Date: ____________________________  First semester of graduate study at Berkeley

Dissertation/Thesis/PR/CR Chair: ____________________________

Area of Concentration or Research Emphasis: ____________________________

Previous Financial Support (Fellowship, GSI, GSR, etc.):  
Fellowship/Resource ____________________________  Funding Source ____________________________  Approximate Amount ____________________________  Semester/Years ____________________________

Other Types of Financial Support for which you intend to apply, (both within and outside the university)  
Dept/Agency Name ____________________________  Amount ____________________________
Please list the names of any persons from whom you have requested recommendations. You should have at least one letter of recommendation. If you began graduate work at Berkeley in the Fall Semester, you may use the recommendations submitted with your application for admission plus one new letter or recommendation.

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**STATEMENT:** Please use the space below or attach your statement to these sheets. Outline your academic plans for the coming year, and provide any additional information that may aid the selection committee in evaluating your application. Students who began studies in this department in the Fall Semester may use the statement submitted with their application, **UNLESS** academic or professional objectives have changed since entering DCRP.
ESTIMATED FINANCIAL RESOURCES AND EXPENSES FOR 2008 - 2009

RESOURCES: Please list only those resources that are assured at this time. Provide estimates if exact figures are unknown.

Academic year gross earnings:
   Self: $__________
   Spouse: $__________

Summer 2008 gross earnings:
   Self: $__________
   Spouse: $__________

Fellowships and Awards:
____________________________________________________________________ $__________
____________________________________________________________________ $__________
____________________________________________________________________ $__________

Aid from parents: $__________

Dividends and Interest: $__________

Assets: Cash, savings, checking accounts: $__________

Stocks/bonds/trust fund or income property: $__________

EXPENSES: Please do not include regular living expenses.

Medical and Dental: $__________
   Explain:____________________________________________________________
   ________________________________________________________________

Child care: $__________

Other Liabilities:
   ________________________________________________________________ $__________
   ________________________________________________________________ $__________
   ________________________________________________________________ $__________

Please explain any special circumstances affecting financial need in the space below or on a separate sheet.

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I certify that all of the information on this form is true and complete to the best of my knowledge.

Signature         Date