

Office of Financial Aid

Sumner Hall | 333 N College Way, Claremont CA 91711 Financial.aid@pomona.edu | 909-621-8205 | 909-607-9842 (fax)

20/21 BRACKEN, HEISER, OR HONNOLD FELLOWSHIPS, OR THE BESSIE REINER DILL AWARD

Indicate which scholarship(s) you are applying for:				
☐ Bracker	n □ Heise	er	☐ Honnold	I □ Dill
Applicant Information				
Name of Applicant				Date
Student Email Address				Phone Number
Graduate School Information: In order of preference, list the graduate schools to which you have applied. Please indicate if you have been accepted.				
1			Accepted:	Yes / Acceptance Pending
2			Accepted:	Yes / Acceptance Pending
3			Accepted:	Yes / Acceptance Pending
Financial Need Information: List the financial resources available for your first year of Graduate School.				
SOURCES OF FUNDS			AMOUNT	
Self-help (i	.e. savings, employment, borr	owing)		
Family Assistance (i.e., parents				
Fellowships and Grants				
Other				
Total				
LIST THE COST OF ATTENDENCE FOR YOUR FIRST AND SECOND CHOICE GRADUATE SCHOOLS				
COST OF ATTENDENCE		FIRST CHOICE GRADU	ATE SCHOOL	SECOND CHOICE GRADUATE SCHOOL
Tuition and				
	enses (i.e. food and housing)			
	personal expenses			
Other (spe	спуј			
	ch a lottor finishing the Sch	olarshin Committee with t	the following info	rmation:
 Please attach a letter finishing the Scholarship Committee with the following information: Outline of expected graduate study and/or project What are the ultimate aims or goals of your study? How much graduate work do you plan to do? If it differs from your answer in #2 above, what do you hope to do after completing your graduate work? Include a copy of the transcript. An unofficial copy from the Office of the Registrar is sufficient. 				
List the names of two or three faculty who will be completing letters of recommendation on your behalf.				

Make sure **all** your application materials **are received** by the Office of Financial Aid by **April 18, 2021**.