

**ANDERSON VALLEY EDUCATION FOUNDATION**  
**P.O. Box 242    Boonville, Ca. 95415**

**Fellowship Application Form**

We're glad to know that you want to apply for an AVEF Fellowship. Please provide all of the information requested below so that we can evaluate your application. Give special thought to the essay: we want to know your hopes and dreams, and how the program you wish to join next summer would give you an educational opportunity that will help you to achieve those goals.

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parents/Guardians names \_\_\_\_\_

Please respond to the following:

1. Your favorite academic subjects:

2. Your extra curricular activities and interests:

3. Your college goals:

4. Your career goals:

5. On separate pages, please write an essay that describes the summer educational opportunity that you have found. Explain what it is about the program that appeals to you and how you believe it will expand your educational horizons.

6. Please provide the following information about the program you have selected:

a. Name of the program: \_\_\_\_\_

b. Name of organization: \_\_\_\_\_

Address: \_\_\_\_\_

Web address: \_\_\_\_\_ Phone #: \_\_\_\_\_

c. Application deadline, if any \_\_\_\_\_

d. Dates of the program \_\_\_\_\_

e. Breakdown of the cost of the program, including:

1. Tuition \_\_\_\_\_

2. Travel \_\_\_\_\_

3. Room & board \_\_\_\_\_

4. Supplies/books \_\_\_\_\_

5. Other (explain) \_\_\_\_\_

TOTAL cost \_\_\_\_\_ TOTAL of your request (if different) \_\_\_\_\_

7. Please request 3 written references from non-family members. Your references will be submitted by:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Ask your references to mail their letters to:

AVEF - Fellowship Program, P.O. Box 242, Boonville, CA 95415

8. Please have your parent(s) or guardian sign this application to (1) indicate their approval of your spending time away from home this summer with the program for which you have applied, and to (2) acknowledge their understanding that AVEF does not assume responsibility or liability for any problems that might arise while you are travelling to or participating in the program you have chosen.

Parent/Guardian Signature 1. \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature 2. \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_