

Colorado Women's Education Foundation Application for Scholarship Funds

Revision 2017

The mission of the Colorado Women's Education Foundation (CWEF) is to invest in women who are transforming their lives through education for themselves, their families, and their communities. Since its inception in 1976, CWEF has provided well over 500 women with scholarships enabling them to pursue economic equity through education and a career. We look forward to considering your application.

You must complete the entire application. Unless otherwise indicated, all the requested information is required. If a question or section does not apply to you, please **mark it "NA"** for "not applicable." Some supporting documentation may be submitted separately; see instructions for each section. We encourage you to send everything in one packet, however. If your application is incomplete, it will not be considered. If you have questions or need assistance, please email office@cwef.org

Eligible applicants must demonstrate financial need, academic ability, leadership skills, career goals, and community involvement. To be eligible you must be:

- ✓ a woman at least 25 years of age at the time of the application
- ✓ a U.S. citizen
- ✓ a resident of Colorado for at least 12 months prior to the application deadline (May 31st)
- ✓ enrolled in or attending an accredited educational institution of higher learning or vocational training

The application deadline is May 31st for fall and/or spring semester or quarter awards. Scholarship funds awarded by CWEF will be sent to the recipient's school to be applied to her account.

Submit your application, **postmarked** no later than the May 31st deadline to:

Colorado Women's Education Foundation, P.O. Box 1189, Boulder, CO 80306-1189

Please type or print legibly and write your name at the top of each page. Applications missing required information will not be considered. CWEF is not responsible for lost or destroyed documents. Please check the appropriate box when items are "Mailed separately" and are arriving separately from this application. **Do not send two-sided documents or use staples please!**

Your complete application must include each of the following documents:

- The entire eight-page application form, which includes this page
- A copy of both pages of your most recent IRS form 1040 showing your taxable income (do not include your Colorado tax return or any itemized schedules)
- The Statement of Acceptance and Schedule of Fees from the institution Mailed separately
- Your most recent transcript with authorized signature showing your GPA Mailed separately
- One page (or less) statement of your academic and career goals
- Proof of Colorado residency
- Proof of U.S. citizenship
- Your signature and date on the Declaration on page 6 of this application
- Two recommendations from non-relatives using the **CWEF form** Mailed separately
- Extra pages as necessary for clarification or additional information

The following additional documents are optional:

- Resumes, copies of certificates, awards, and more

1. **General information:**

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Best way to reach you: _____

Mailing address: _____

Phone number(s) with area code: (1) _____ (2) _____

Email address: _____

Secondary email address: _____

Your age (on the application deadline): _____ Date of birth: _____

How long have you been a Colorado resident? _____ Are you Active Military Veteran

Your marital status: Single Married/domestic partnership* Divorced Widowed

* Spouse's/partner's name _____ His/her occupation _____

Number of dependents: _____ **not counting** yourself or your spouse/partner.

Age(s) of the dependents: _____

If any answers in question #1 do not match your included IRS 1040 submission, please explain in question #6, Extenuating Circumstances.

2. **Your educational program** (for which funds are requested):

Semester/quarter and year: _____

Degree, program, or course of study: _____

Name of school/college/university: _____

Complete address of school: _____

This school is a: public private institution

It is a: vocational school technical school two-year community college

four-year public college or university four-year private college/university other _____

Semester/quarter and year you expect to finish your program: _____

You are attending: Full time Part time Online

Your reason for attending: career advancement enter/re-enter job market

begin a new career other: _____

3. Your academic background:

a. List below, in order, all degrees and certifications you've completed since high school. Include year(s) attended, name of institution, and name or kind of degree/certification.

b. Include with your application a recent transcript (official or photocopy with official seal) showing your grade point average. It may be submitted separately. If you do not have a recent transcript, please explain. _____

4. Your work history over the past three years: List in order, starting with your most recent work. *Please complete this section even if you attach your resume as an optional document.* Include start/end dates, job title/description, name, city and state of employer, salary, and hours/week:

5. Your financial circumstances: In addition to the following, you must enclose a copy of both pages of your most recent IRS form 1040 showing your taxable income. (Do NOT include your Colorado Tax return or any itemized schedules.) If available, include a copy of **ONE** recent paystub for all income sources. Explain any discrepancies in income listed here and income listed on your IRS form 1040.

a. Your gross annual household income (before taxes and other deductions):

Wages/salary (applicant)	\$ _____
Wages/salary (spouse/partner)	\$ _____
Unemployment	\$ _____
Veteran's benefits, pension income	\$ _____
Interest/dividends	\$ _____
Child support	\$ _____
Alimony paid to you	\$ _____
Disability, worker's compensation	\$ _____
Public assistance, Social Security benefits	\$ _____
Contribution from others	\$ _____
Other (specify): _____	\$ _____

Please add together for total annual income: \$ _____

Education-related Annual Income

Loans	\$ _____
Grants/scholarships	\$ _____
Student financial aid	\$ _____

Total annual educational related income: \$ _____

b. Annual expenses and deductions (excluding educational expenses):

- Mandatory taxes (income, property): \$ _____
- Insurance (all kinds): \$ _____
- Child/elder care \$ _____
- Retirement plan contributions \$ _____
- Mortgage/rent \$ _____
- Debt payments \$ _____
- Utilities \$ _____
- Medical expenses \$ _____
- Food \$ _____
- Transportation \$ _____
- Clothing, personal care \$ _____
- Children's expenses \$ _____
- Miscellaneous (specify _____) \$ _____
- Other living expenses (specify _____) \$ _____

Please add together for total annual expenses: \$ _____

Education-related Annual Expenses

- Tuition for education \$ _____
- Room, board, books, and other education fees \$ _____
- Total annual education expenses:** \$ _____

Please explain all differences between your income and your expenses. Further, if your total income is less than your total expenses, please explain how you will provide for yourself and your family while you are attending school:

c. Financial assets:

- Real estate equity other than your principal residence \$ _____
- Cash on hand (bank accounts, savings) \$ _____
- Stocks, bonds, securities, investments \$ _____
- Miscellaneous assets (specify _____) \$ _____
- Total financial assets:** \$ _____

d. Your anticipated educational expenses for semester/quarter named in question #2:

- The “Statement of Acceptance and Schedule of Fees” must be completed and signed by your school’s admissions or financial officer. It may be mailed separately.
- If you have other educational expenses not included on that Statement, please explain.

e. Financial aid:

Please state the kind and amount of loans, scholarships, and grants you receive or expect to receive for the semester/quarter you listed in question #2, as well as the source of the funds and the status of your award (i.e., offered, accepted, rejected):

f. Cumulative educational loans:

What is the outstanding balance of all educational loans you now have? \$ _____
(Do not include loans listed in 5e above.)

6. Extenuating circumstances (optional, but recommended):

If you believe the CWF review committee should consider any of your exceptional achievements or leadership and/or unusual expenses, hardships, or challenges you face, please use this space or attach another page to describe.

7. Community involvement (optional, but highly recommended):

List any volunteer work or service projects, work-study or clubs, internships or practicums (paid/unpaid), and/or organizations in which you have participated past or present. List when and number of years you participated. List number of hours/week you are currently contributing, if applicable.

8. Statement of your academic program and career goals (required):

Attach a one-page (or less), single-spaced statement of your academic focus and career goals and be sure your name is included on it.

9. Proof of United States citizenship and Colorado residency (required):

Your application packet must include photocopies of these TWO documents:

1. Proof of Colorado residency:

- A photocopy of a State of Colorado photo ID (State of Colorado-issued driver’s license or State of Colorado-issued photo identification card)

AND

2. Proof of United States citizenship:

- A photocopy of your United States birth certificate
OR
- A photocopy of your United States passport
OR
- A photocopy of your United States INS naturalization card

9. Declaration (signature required):

To be eligible for an award from CWF, you must agree to the following statement and indicate your approval with your printed name, your signature, and the date you signed it.

I hereby make application for funds from the Colorado Women’s Education Foundation to be paid to the school specified in this application. I declare that, to the best of my knowledge, the information provided on this application is correct and complete. The Colorado Women’s Education Foundation has my permission to verify any information provided and contact any credit reporting agency as deemed necessary.

I fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the information in this application as applicable under the provision of Title 1B, United States Code, Section 1014.

I understand this request for funds will not be reviewed until my application form is complete and accompanied by two recommendation forms, transcripts, and the statement of acceptance and schedule of fees.

Name (printed): _____

Signature: _____ Date: _____

Conditions of a scholarship award:

If you are selected to receive a scholarship award, CWF expects you will be willing to communicate promptly and over time with CWF's staff. It is critical to CWF's accountability and success to be able to document the investment in you and your education. We look forward to updates regarding how you are doing in school, when you graduate and with what degree/certification, as well as successes you experience during school and after you graduate. CWF anticipates creating a mutually beneficial relationship with you! We encourage you to consider opportunities to share your success story and to be involved in future CWF activities and fundraising events as a participant and/or a spokesperson.

If I receive a CWF scholarship award, I understand the following information will be shared: your first name, educational program and school/institution, age on the application, city where you reside, and grade point average.

Release of information for promotional purposes (signature required):

Your response to the following statements will in no way affect the evaluation of your application for an award. We request a signature indicating your agreement or disapproval, however.

I grant permission to CWF to produce, publish, and/or distribute for public relations, educational, and/or accountability and tracking purposes the additional following items from my application (mark all that apply):

- information about my family
- excerpts from my statement of academic and career goals
- excerpts from my statement regarding extenuating circumstances
- other:

I agree that the information indicated above may be used in any form deemed appropriate, including but not limited to, news releases, CWF's website and publications (e.g., annual report), and securing funds and it may be edited, copied, and modified accordingly.

I understand that such materials as named above become the property of CWF. I acknowledge that I will not be paid for taking part in the production of these materials or from any proceeds that may come from their publication.

I understand that my agreement or disapproval of this informational release does **not apply** to the confidential liaison communications with CWF's staff and/or Board of Trustees.

YES, I agree:

(signature) *(date)*

NO, I wish to not share any additional checked information about me for promotional purposes.

(signature) *(date)*

Voluntary Information

Completion of any part of this section by the applicant is entirely voluntary. This information is confidential and will in no way affect your eligibility for a CWF scholarship. You are encouraged to provide the following information to be used for statistical and tracking purposes in CWF's efforts to increase our scholarship funds.

If you think this information should be considered in determining whether you should receive a CWF scholarship, you may include it under "(6) Extenuating Circumstances" on page 5, in your Statement of Academic Program and Career Goals, or in another attachment.

If you decline, please indicate:

- I choose not to answer any of these voluntary questions

Ethnicity/race

Please indicate the category (or categories) that best describes you:

- American Indian or Alaska native
- Asian descent
- Black or African American, not Hispanic or Latina
- Hispanic or Latina
- Native Hawaiian or Pacific Islander
- White, not Hispanic or Latina

Survivor of violence:

During your childhood, were you the victim of physical or sexual abuse? Yes No

Have you ever been a victim of a partner's/spouse's violence? Yes No

Have you ever been a victim of any other violent crime? Yes No

First generation college student:

Looking back over the last three generations, are you the first in your family to attend an institution of higher education or vocational training? Yes No

**Colorado Women's Education Foundation
Application for Scholarship Funds
Statement of Acceptance and Schedule of Fees**

Applicant: This document must be completed and signed by the authorized admissions or financial officer of your school. This document may be mailed separately or with your application.

Mail the completed and signed form to: **Colorado Women's Education Foundation
P.O. Box 1189
Boulder CO 80306-1189**

This is to certify that:

Name of Student: _____ has been accepted by:

Name of Institution: _____

Address: _____

City, State, and Zip Code: _____

For enrollment in semester/quarter: _____ Year: _____ in: _____
degree program/course of study

Itemization of Expenses for Student's Educational Program for this Semester/Quarter

*Please include **estimated** amounts for tuition, fees, textbooks, and miscellaneous expenses required for this program and the date that payment is due. (These figures can be based on last semester/quarter amounts if upcoming fees are not yet established.)*

<i>Kind of expense</i>	\$ _____ <i>amount</i>	<i>date due</i>
<i>Kind of expense</i>	\$ _____ <i>amount</i>	<i>date due</i>
<i>Kind of expense</i>	\$ _____ <i>amount</i>	<i>date due</i>
<i>Kind of expense</i>	\$ _____ <i>amount</i>	<i>date due</i>

Total tuition, fees, textbooks, and miscellaneous fees for this semester/quarter: \$ _____

(optional)

Attach your business card here with clear tape. No staples, please.

Signature of authorized admissions or financial aid officer

Title

Date

**Colorado Women's Education Foundation
Application for Scholarship Funds**

Recommendation Form

*Please take a moment to complete this confidential information. In addition, you may include a separate **one-page, single-spaced** letter. Please type or print the information. Thank you!*

Name of scholarship applicant: _____

Your name and title: _____

Your contact information (or attach a business card): _____

1. How long have you known the applicant? _____

2. Please describe your personal or professional relationship with the applicant. _____

3. How would you rate the applicant's past academic, employment, or volunteer record?

excellent good average below average

4. How would you rate the applicant's ability to undertake and complete her academic program?

excellent good average below average

5. Please identify two-three strengths/traits the applicant has demonstrated.

6. Please describe leadership skills you have observed in the applicant.

7. In your opinion, what is the applicant's career potential?

(your signature)

(date)

(optional)

*Attach your business card here with
clear tape. **No staples, please.***

*Please return completed form to applicant
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