

The Women of Quail Creek Scholarships for Women in Transition 2019

Purpose

The Women of Quail Creek (TWOQC) Scholarship Committee is offering four scholarships of \$2,100 to assist women in transition. The award is given to secure a certificate or degree, to increase job skills or acquire a new job skill.

Eligibility

- U.S. citizen, residing in Pima or Santa Cruz Counties
- Twenty-one years or older (single, married, single parent, a woman entering the workforce, displaced homemaker)
- Documented need for financial assistance
- Enrolled or has letter of acceptance from an accredited vocational/technical program, a 2-year or 4-year college program for the semester following the award (2019)
 - *Not yet enrolled or accepted for the above, must be willing to register and be accepted for the semester following the award (2019)

Selection Criteria

The following factors, among others, are considered for each applicant:

- Goals and your plan for reaching your goals
- Need for financial assistance

The scholarship committee also looks at any special circumstances that impact the applicant's ability to finance her education.

How Money Can Be Used

Scholarship must be used to pay for tuition, books or educational fees. In all cases the money will be issued directly to the educational institution.

Scholarship Application Checklist

Application appearance is important because it represents you to the committee. The following suggestions are made to assist you in completing your scholarship application:

- Fill out all pages of the application form completely. If a question does not apply to you, write "N/A" rather than leave it blank.
- Be sure your handwriting is legible if you do not type your responses.
- Double-check your spelling.
- Ask someone to proofread the application.
- **Applications must be postmarked by March 15, 2019. Incomplete applications will not be considered.**

(Scholarship Application Checklist continued)

- **Personal Essay**

When you write about your personal goals and ambitions, be sure to provide enough information for the Scholarship Committee to clearly understand your plans and recognize your potential. For example, include work and volunteer experience. **See Personal Essay IV for further information.**

- **Letters of Recommendation** (Use TWOQC Scholarship Committee reference forms)

The three letters of recommendation **cannot** be from family members. Some suggestions for letters of recommendation include: clergy, employers, social workers, counselors, and teachers.

1. Let the people you ask for letters of recommendation know what the scholarship is and why you are applying.
2. Allow them at least two full weeks to complete the letters.
3. Provide a self-addressed return envelope with each recommendation form to be returned to you in a sealed envelope.
4. The sealed letters must be submitted with the scholarship application prior to the deadline.

- **Proof of Enrollment or Acceptance**

If currently enrolled, please submit your most recent transcript. If not enrolled, send a copy of a letter of acceptance from the school or program you will be attending. If selected, please provide a copy of "letter of acceptance" by July 15, 2019.

Notification

The selected recipients will be notified by telephone. All other applicants will be notified by mail.

WOMEN IN TRANSITION SCHOLARSHIP APPLICATION

Application must be postmarked by March 15, 2019. Incomplete applications will not be considered.

PART I - PERSONAL DATA

Name (last, first, middle initial) _____

Date of Birth (month | day | year) _____

Address

Street: _____

City: _____ State: _____ Zip: _____

Telephone (area code first): () _____

Email Address: _____ @ _____

Marital Status (circle one) Single Married Separated Divorced Widowed

Work History

List most recent employment first. Please indicate whether the Scholarship Committee may contact your supervisor to verify employment only (yes, no or N/A)

Employer: _____

Your Position: _____

Dates Employed: _____

Supervisor's name/phone number: _____

Employer: _____

Your Position: _____

Dates Employed: _____

Supervisor's name/phone number: _____

Employer: _____

Your Position: _____

Dates Employed: _____

Supervisor's name/phone number: _____

PART II – EDUCATIONAL BACKGROUND

Name of High School: _____

Date of Graduation: ____|____|____ or Date of GED: ____|____|____

Are you currently enrolled in school? YES NO

If yes, Full time or Part time

Name of School: _____

Course of Study: _____

List any educational institutions and/or pertinent training you received after high school.

Name of Institution: _____

Dates Attended: _____

Certification Earned: _____

PART III – FINANCIAL NEED

What is your total **monthly household** income from all sources (include employment, savings, child support, alimony, Social Security benefits, etc.) \$ _____

List your total **monthly** expenses for

Housing: \$ _____
(Rent/Mortgage)

Utilities: \$ _____

Food: \$ _____

Medical \$ _____

Childcare \$ _____

Transportation: \$ _____
(Car payments/public transportation/ gas)

Credit cards \$ _____

Insurance: \$ _____
(Medical, car, home/rental)

Communication \$ _____
(Cell phone
Internet,etc)

Student Loans: \$ _____

Ongoing additional education expenses may be listed below (lab costs, special course related fees, unique equipment required, etc.)

Expense Cost: _____ \$ _____

Expense Cost: _____ \$ _____

Expense Cost: _____ \$ _____

Number of Dependents Applicant Financially Supports: _____

PART IV - PERSONAL ESSAY

Your essay (not to exceed 1500 words) should include:

1. Why you made the decision to pursue this course of educational study.
2. The steps you have already taken, or accomplished, toward achieving your goals.
3. Briefly describe your financial need for this scholarship.
4. How this scholarship will assist you in meeting your goals.
5. Share any additional information about yourself which may be pertinent to the application including special circumstances (for example, extreme hardship such as illness in the family, loss of employment, change in family structure, etc.)

(the box will expand when you type, or use separate attached pages if desired.)

Where did you learn about the scholarship opportunity?

I hereby affirm that the information provided on this form and in the accompanying material is accurate and complete to the best of my knowledge. In addition, I understand that all information contained in my application may be shared with the Scholarship Committee and that efforts will be made to protect the privacy of the information.

APPLICANT'S SIGNATURE: _____

DATE: _____

Mail completed application form to:

Clarice Sullivan

2196 E Thunderchief Dr

Green Valley, AZ 85614

CONFIDENTIAL RECOMMENDATION FORM

THE WOMEN OF QUAIL CREEK (TWOQC) WOMEN IN TRANSITION SCHOLARSHIP

Name of Applicant: _____

The above named person has applied for the The Women of Quail Creek Educational Scholarship for Women in Transition. Please return your recommendation to the applicant in a sealed envelope. Thank you for taking the time to provide this reference.

Why do you feel this woman is deserving of this scholarship?

(Use separate page if necessary)

Please use the reverse side for additional comments

Rate the following characteristics with a number: (please provide an explanation for a score of 3 or 4)

1. Superior 2. Good 3. Average 4. Below Average

_____ Achievement	_____ Industry
_____ Seriousness of Purpose	_____ Emotional Stability
_____ Motivation	_____ Inspiration to others
_____ Initiative	_____ Sense of responsibility

In your opinion, how great is the applicant's need for financial assistance? (Check one)

Average Great Essential Unknown

Relationship to Applicant: _____

How long have you known this applicant? _____

Signature/Title: _____

Address

Street: _____

City: _____ State: _____ Zip: _____

Telephone (area code first): () _____

Email Address: _____ @ _____