
**The Cornelia A. Bregman Memorial Scholarship
for Women Returning to Education
APPLICATION FORM**

The **Capital Region Women's Network** is proud to announce that the **Greater Capital Region Endowment Fund**, will award a **\$2,000 scholarship to assist one woman** in career-related study in the upcoming academic year. To be eligible, an applicant must be:

- a woman 25 years of age or older;
- a permanent resident of the counties of Albany, Schenectady, Rensselaer, Saratoga, Columbia, Fulton, Montgomery, Schoharie, Greene, Warren or Washington in New York State;
- able to demonstrate financial need; and
- enrolled or accepted for study in a program leading to an academic, technical or vocational degree or certificate.

The goal of our scholarship program is to aid women who are changing, starting, or advancing careers due to under-employment, lack of appropriate education, change in their household earning capacity or other circumstances which have hampered or delayed their earnings capacity or job stability.

Instructions:

- **Complete all sections** of the application. Submit only the information requested. Please do not include transcripts, certificates, resumes, etc.
- Please provide **two current letters of reference** from employers, educators or other **non-relatives** who are able to support your application.
- Incomplete applications will be returned.
- Please provide five (5) copies of each document (complete application, personal statement, letters of support).
- **Applications must be postmarked by June 1st**

PART I. PERSONAL DATA

Last Name	First Name
Street Address	Email Address
City/State/Zip Code	Date of Birth
Telephone	

PART II. OCCUPATIONAL EXPERIENCE (List most recent employment first)

1. Employer:	
Dates of Employment:	Hours worked per week:
Major responsibilities & duties:	Reason for leaving:
2. Employer:	
Dates of Employment:	Hours worked per week:
Major responsibilities & duties:	Reason for leaving:
3. Employer:	
Dates of Employment:	Hours worked per week:
Major responsibilities & duties:	Reason for leaving:

PART III. EDUCATIONAL PROGRAM FOR WHICH SCHOLARSHIP IS REQUESTED

Name of school:	
Field of Study/Major:	
Are you currently enrolled in the above institution?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not enrolled, have you been accepted for enrollment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will your academic schedule be: Full-Time <input type="checkbox"/> or Part-Time <input type="checkbox"/>	
Anticipated graduation date (month & year):	
What are your career goals?	

PART IV. EDUCATION, AWARDS, COMMUNITY INTERESTS (List most recent first)

1. School	Location	Dates Attended
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Field of Study	Degree (certificate type, B.S., etc.)
2. School	Location	Dates Attended
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Field of Study	Degree (certificate type, B.S., etc.)
3. School	Location	Dates Attended
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Field of Study	Degree (certificate type, B.S., etc.)

Awards or achievements	Source	Dates
For example: Honor roll	President's Office, HVCC	Fall 2012, Spring 2013

Community interests: Please list the activities in which you participated, held office, etc.

PART V. HOUSEHOLD COMPOSITION

Please indicate who lives in your household and their relationship to you.
Provide the ages of those in school or under 5 years old.

PART VI. FINANCIAL INFORMATION (if you choose, you could bypass this form and send us your FAFSA statement instead)

Anticipated Income/Assets for the Year Covered By This Scholarship Application:		
Income earned from work solely by applicant:		\$
Untaxed income and benefits:	Social Security	\$
	Public Assistance	\$
	Disability	\$
Income earned from work by spouse/partner:		\$
Cash, savings/checking accounts, CDs, etc.		\$
Child support, Alimony	Sub-Total	\$
Income/assistance from other sources, such as free housing, free childcare or other monetary support from others	Description	\$
Financial aid or other scholarship awards or grants (Pending and/or received)	Description	\$
TOTAL ANTICIPATED INCOME		\$

Anticipated Expenses During Year Covered By This Scholarship Application		
Total Annual Household Living Expenses:		
Mortgage/Rent/Utilities		\$
Food		\$
Clothing		\$
Private Transportation		\$
Public Transportation		\$
Health Care/Insurance		\$
Childcare/Eldercare		\$
Other	Description	\$
	Sub-Total	\$
Total Educational Expenses:		\$
Tuition and Fees		\$
Books & Supplies		\$
Other	Description	\$
Dependent(s) enrolled in academic institutions		\$
	Sub-Total	\$
TOTAL EXPENSES		\$

PART VII. PERSONAL STATEMENT

Please provide a personal statement to allow the Scholarship Committee to learn more about you: your educational and personal goals, your financial need, and how you will benefit from this scholarship. Your statement should be no more than two (2) pages in length. Please type or write **clearly** in black or blue ink.

Conditions and Terms of Agreement:

If chosen as a Greater Capital Region Endowment Fund (GCREF) finalist, I agree to meet the scholarship committee members for a brief personal interview and presentation of proof of residency and proof of enrollment or acceptance in an eligible educational program. I understand that if given any grant, all applications and supporting information, including publicity, become the property of GCREF, and that the Cornelia A. Bregman Memorial Scholarship for Women Returning to Education is not affiliated with scholarship programs of New York State Women, Inc., or any scholarships of other local chapters.

I understand that this scholarship may be taxable under federal, state or local tax law. I certify that the information in this application is complete and accurate to the best of my knowledge and that I will notify the Scholarship Committee of GCREF if there are any changes.

I also understand that all applications will be held confidential, and no application material will be returned.

Name (please print)	
Signature	Date

Please tell us where you obtained this application or how you found out about our scholarship.

Applications must be mailed to:

**Greater Capital Region Endowment Fund
Scholarship Committee
P.O. Box 160
Delmar, NY 12054**

Or emailed to: Kdyer@nycap.rr.com

WAIT! Did you remember to enclose/attach

- Application form
- Personal Statement
- Reference letter #1
- Reference letter #2

DEADLINE - POSTMARKED APPLICATIONS DUE BY June 1ST