

NEW YORK STATE WOMEN INC. – MOHAWK VALLEY CHAPTER

PO BOX 252, Washington Mills, New York 13479

2017 Marion Brindisi Scholarship Award

Adult Application

About the Award:

Three scholarships in the amount of \$1,000.00 each will be awarded to three female adult students returning to (or who have returned to) either undergraduate or graduate education at an accredited college after an absence of five years from formal schooling. Applicants may be either full time or part time students. Finalists will be interviewed during the first week of June 2017 and the recipient will be notified promptly thereafter. The recipient and one guest will be invited to an award ceremony in June 2017. The actual monetary award will be distributed upon receipt of Fall 2017 college registration.

Criteria (Adult Award):

1. Female adult student who will be returning (or who has returned) either to undergraduate or graduate education at an accredited college during the fall of 2017 after an absence of five years from school.
2. Financial need.
3. Demonstrated community leadership and involvement.
4. Signed reference from an individual who has first hand knowledge of applicant's community and leadership involvement.

How to Apply:

Completed application packets must be postmarked no later than **May 10, 2017**. **Applications postmarked after that date or incomplete packets will not be considered. Please staple all documents together.**

General Information:

- Complete each of the questions on the application to the best of your ability. If a question is not applicable to you, please indicate why it is not. Failure to answer any of the questions may constitute a basis for elimination of this application from consideration. **Please send only one complete packet.** Candidate's materials arriving in separate mailings will not be considered.
- Send completed application packets to **New York State Women, Inc. – Mohawk Valley Chapter, PO Box 252, Washington Mills, NY 13479. Please send only the information requested. Additional information will not be considered.**
- Scholarship recipients will be notified shortly after the June 2017 interviews.

Adult Application

Name: _____ **Date of Birth:** _____

Address: _____

Phone: _____

Email: _____

- Utica Use Only
- Date Rec'd _____
 - Application
 - Essay
 - Reference

Important Instructions ~ PLEASE READ AND REVIEW ENTIRE APPLICATION PRIOR TO COMPLETION:

- Every question must be answered. If the question is 'not applicable,' then indicate why it is not.
- Sign the back page of this application.
- Review the attached checklist on back page to ensure a complete application.
- Postmark your application packet by May 10, 2017 and mail to the address on the front of this form.

Section I:

1. College you plan on attending or already attend:

Name of School _____ Street Address _____

City _____ State _____ Zip _____ Have you been accepted? _____

Full-time _____ Part-time _____ Intended Major: _____ Minor: _____

2. List your community and leadership activities (if none, please explain)

3. List clubs or other organizations, societies, etc. in which you hold membership

Section II:

1. Marital Status: _____ # of children: _____ Ages: _____

2. Occupation: _____ Employer: _____
Length employed here: _____
Describe your position here: _____

3. Previous employment (if less than 5 years in current position)

4. Educational background (please list high school and colleges attended, degrees obtained and dates attended)

5. If married, spouse's name & address: _____

Spouse's occupation: _____ Employer: _____

Adult Application

6. If there is additional information relevant to your income you believe New York State Women Inc. – Mohawk Valley Chapter should be aware of, please indicate:

7. Estimate Annual School Expenses for applicant (outline specifically)

Tuition _____

Books _____

Transportation _____

Other (please explain) _____

Note: Please refer to your financial aid form, if available, for all or part of the above information.

TOTAL: \$ _____

8. Sources of Funds Available for use during the 2017-2018 school year:

Own or Family Contribution _____

Employer's Contribution _____

Grants and Scholarships (explain) _____

Loans _____

Income from student employment (summer and school year) _____

Interest, Dividends, Income from Trust Funds _____

Other Funds (gifts, etc.) _____

Note: Please refer to your financial aid form, if available, for all or part of the above information.

Total Funds Available: \$ _____

If you plan on working while in school, type of position, number of hours and anticipated income.

9. List members of your immediate family *who will also be attending a college or university* during the 2017-2018 academic year, the cost of their tuition & how the tuition will be financed.

10. Describe any financial circumstances, other than what is already included in this application, which should be known and considered by New York State Women Inc. – Mohawk Valley Chapter in evaluating this application.

11. References - *other than relatives* (list name, address and occupation of each). **Please attach only one signed copy of a reference from one of the people listed below.**

1. _____

2. _____

3. _____

ALL APPLICANTS MUST SIGN HERE

I affirm that all the statements made in this application are true to the best of my knowledge.

Signature

Date

**Applications postmarked after May 10, 2017 will not be considered.*

**Checklist (Please be sure you have completed all sections and have included the following attachments:
Signed application, One signed reference, Personal Essay)**

