

PO BOX 252, Washington Mills, New York 13479

2024 Marion Brindisi Scholarship Award

Adult Application

About the Award:

Two scholarships in the amount of \$1,000.00 each will be awarded to two female adult students going to either undergraduate or graduate education at an accredited college. Applicants may be either full time or part time students. Finalists will be interviewed during May 2024 and the recipient will be notified promptly thereafter. The recipient and one guest will be invited to an award ceremony in June 2024.

Criteria (Adult Award):

- 1. Female adult student who will be going to an undergraduate or graduate education at an accredited college by the fall of 2024.
- 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, 2024. 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 May 2024 interviews.

Adult Application

N٤	ame:			Date of Birth:		
A	ldress:			_		
Phone: Email:					IV Use Only Date Rec'd Application Essay Reference	
: : Se	Every question must Sign the back page of Review the attached Postmark your application I:	be answered. If the fthis application checklist on back cation packet by Market by Mar	he question is 'not ap page to ensure a com Iay 10, 2024 and mai	RE APPLICATION PRIOR To plicable,' then indicate we plete application. I to the address on the from	hy it is not.	
College you plan on attending or already attend: Name of School						
				Have you been acc		
	ıll-time Part-ti					
	List your community	-		•		
Se 1.	ction II: Occupation: Length employed he Describe your position	re:		nployer:		
2.	Previous employment (if less than 5 years in current position)					
3.	Educational background (please list high school and colleges attended, degrees obtained and dates attended)					

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4.	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:					
5.	References - other than relatives (list name, address copy of a reference from one of the people listed b	and occupation of each). Please attach only one signed below.				
1						
	ALL APPLICANT	S MUST SIGN HERE				
I at	affirm that all the statements made in this applicatio	on are true to the best of my knowledge.				
	Signature					
*4	Inplications postmarked after May 10, 2024 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)

Adult Application

Section III: Using this form or a separate piece of paper, provide a personal statement on your plans and aspirations for the future. Mention why the scholarship is needed.

N.	
Name:	_