

**CAREER ADVANCEMENT SCHOLARSHIP CRITERIA
STEUBEN COUNTY WOMEN
chapter of
NEW YORK STATE WOMEN, INC.**

PURPOSE:

To aid women returning to the business or professional field that require additional education and are looking for financial assistance.

COMMITTEE CRITERIA:

1. Selection shall be made without regard to race, color, creed, physical limitations or national origin of individuals.
2. The completed application shall be submitted to the Scholarship Chair of the Steuben County Women by **February 15th**.
3. The deadline for filing the completed applications shall be filed with the Committee and be postmarked on or before **March 1st**.
4. Written notification to the scholarship recipient shall be made by the sponsoring local club by **April 1st** requesting the recipient to respond in writing with her acceptance of the award by **April 15th** to the local Chair.
5. Applications for the next year's scholarship award may only be filed after April 15th.
6. If a prior applicant wishes to reapply for the forth-coming scholarship, an updated application must be submitted to the Chapter after April 15th.

Scholarship Criteria

Page 2.

7. Awards shall be made on the basis of business or professional potential, scholarship, community involvement and financial need.

8. There shall be no specific age requirement or limitation except that the recipient be mature and must have graduated from high school and have one year of work experience or community involvement and be pursuing a **training program** or an **undergraduate degree**.

9. The applicants shall present evidence of good moral character, desirable personal and social attributes, a sincere desire for study, careful thought to long range plans, a genuine seriousness of purpose and a financial responsibility.

A.) The recipient, by submitting to the local Treasurer a school receipt, shall be awarded her scholarship money, or the award money can be sent directly to the school or college.

B.) That in the event the award recipient does not fulfill her obligations of the award, the award is to go to the next in line of qualified applicants determined by the Committee.

**Steuben County Women
chapter of
New York State Women, Inc.
Career Advancement
Scholarship Application**

Instructions:

Please fill out the attached four (4) page application completely and submit it through your local Chapter, along with required documents listed on Page 5.

I. Personal Data:

Name: _____ Telephone: _____

Address: _____ (H) (____) _____

_____ (W) (____) _____

Marital Status: _____

E-mail address: _____

Dependents:

Number: _____ Ages: _____

II. Education:

High School: _____ Year Graduated: _____

Post High School:

Name _____ Dates Attended/Date Graduated _____ Degree/GPA _____

III. Work Experience:

Describe briefly what type of work experience you have had. Specify dates. Begin with present or last employment (use separate page if necessary)

Applicant: _____

Page 2.

IV. Community Involvement:

Please list any involvement in community activities and/or any organizations. Please indicate any offices you held.

Are you a member of a New York State Women, Inc. Chapter?

Applicant: _____

Page 3.

V. Financial Statement:

Please fill in the charts below as accurately as possible at this time. This information will help the Career Advancement Scholarship Committee to determine your need for this scholarship. All information will remain confidential.

Annual Estimated Expenses

<u>Living Expenses</u>	<u>School Expenses</u>
Housing_____	Tuition_____
Clothing_____	Books_____
Food_____	Room_____
Utilities_____	Travel_____
Other_____	Other_____
(Itemize)	(Itemize)
Total	Total

Estimated Annual Income

Estimated Household Salary_____

Public Aid_____

Social Security_____

Unemployment Insurance_____

Grants_____

Scholarships_____

Stocks/Dividends_____

Alimony/Child Support_____

Rental Income_____

Food Stamps_____

Annuities_____

Other (please explain)_____

Total

Applicant: _____
Page 4.

VI. Certification by Applicant:

Certification by Applicant
District VII

I certify that the information given herein and which you are authorized to verify, is true and correct and I agree to notify the grantor of this scholarship of any material change in facts. Furthermore, I authorize the grantor of this award to obtain from the institution in which I am enrolled, such additional information as they may require from time to time as to my scholastic progress and financial status. This application shall remain the property of the NYSW whether the scholarship is approved or rejected. I fully understand my obligations and realize that a refund must be made to NYSW District VII if I do not fulfill my commitments unless there is sufficient reason (through examination by the committee and approval by the District) for the termination.

Date: _____ Signed: _____

Applicant: _____
Page 5.

VII. In addition, please include the following:

- (1) Two (2) letters of recommendation; one personal and one from an educational or professional source.

- (2) Personal statement: must be typewritten, approximately 500 words and include:
 - (a) a personal evaluation of past accomplishments;
 - (b) the type of business or professional career you are pursuing;
 - (c) goals for the future;
 - (d) need for financial aid; and
 - (e) the desire to fulfill the expectations of the scholarship and be willing to report to the Career Advancement Scholarship Committee on your progress.

The application deadline to the local NYSW Chapter is February 15th and may be submitted anytime after April 15th for the following year. All of the above instructions must be completed or the application will not be accepted.