

Your name (last, first): _____

**Colorado Women's Education Foundation, Inc.
Application for Scholarship Funds**

You must complete the entire application. Unless otherwise indicated, the requested information is required. If a question or section does not apply to you, mark it "NA" for "not applicable". Some supporting documentation may be submitted separately; see instructions for each section. However, we encourage you to send everything in one packet. If your application is incomplete, it will not be considered

Eligible applicants must demonstrate financial need, scholastic ability, leadership skills, and career goals. To be eligible you must be:

- ✓ a woman at least 25 years of age
- ✓ a U.S. citizen
- ✓ a resident of Colorado for at least 12 months prior to the application deadline
- ✓ enrolled in or attending an accredited educational institution of higher learning or vocational training located in Colorado

Application deadlines are May 31 for fall semester awards and October 31 for spring semester awards. Scholarship funds awarded by the Colorado Women's Education Foundation will be applied to the recipient's account at her school.

Submit your application, postmarked no later than the application deadline to:

**Colorado Women's Education Foundation
P.O. Box 1189
Boulder CO 80306-1189**

*Please type or print legibly and write your name at the top of each page. Applications missing required information will not be considered. The Colorado Women's Education Foundation is not responsible for lost or destroyed documents. Please mark the appropriate box when items are arriving separately from this application. **No staples please.***

Your complete application must include each of the following documents unless waived by CWF:

- The entire 8-page application form
- A copy of both pages of your most recent IRS form 1040 showing your taxable income (do not include the itemized schedules)
- The Statement of Acceptance and Schedule of Fees with authorized signature Mailed separately
- Your most recent transcript with authorized signature showing your GPA Mailed separately
- One page (or less) essay of educational and career goals
- Proof of Colorado residency
- Proof of U.S. citizenship
- Your signature and date on the Declaration on page 6 of this application
- Two recommendations from non-relatives using the **CWF form** Mailed separately
- Extra pages as necessary for clarification or additional information

The following additional documents are optional:

- Resumes, copies of certificates, awards, etc.

Colorado Women's Education Foundation
P.O. Box 1189, Boulder CO 80306-1189
Application for Scholarship Funds

1. General information:

Name: _____

Address: _____

City: _____ State _____ Zip code: _____

Best way to reach you: _____

Mailing address: _____

Phone number(s) with area code: (1) _____ (2) _____

E-mail address: _____

Secondary E-mail address: _____

Additional contact information (optional): _____

Your age (on the application deadline): _____ Date of birth: _____

How long have you been a Colorado resident? _____

Your marital status: Single Married/domestic partnership* Divorced Widowed

* Spouse's/partner's name _____ His/her occupation _____

Number of dependents, **not counting** yourself or your spouse/partner: _____

*If any answers in question #1 do not match your IRS 1040 submission,
please explain in question #6, Extenuating Circumstances.*

2. Your educational program (for which funds are requested):

Semester and year: _____

Degree, program or course of study: _____

Name of school/college/university: _____

Complete address of school _____

This school is a: public private institution.

It is a: vocational school technical school 2-year community college

4-year public college or university 4-year private college/university Other _____

Semester and year you expect to finish your program: _____

You are attending: Full time Part time Online

Your reason for attending: career advancement enter/re-enter job market

begin a new career other: _____

Your name (last, first): _____

3. Your educational background:

a. List below, in order, all degrees and certifications you've completed since high school. Include year(s) attended, name of institution, city & state, and name or type of degree/certification.

b. Include with your application a recent transcript (official or photocopy with official seal) showing your grade point average. It may be submitted separately. If you do not have a recent transcript, please explain.

4. Your employment history over the past 5 years: List in order, starting with your most recent employment. *Do not substitute a resume for this section.* Include start-end dates, job title/description, name, city and state of employer, salary, and hours/week:

5. Your financial circumstances: In addition to the following, you must enclose a copy of both pages of your most recent IRS form 1040 showing your taxable income. (Do NOT include the itemized schedules.) If available, include a copy of a recent paystub for all income sources. Explain any discrepancies in income listed here and income listed on your 1040.

a. Your gross annual household income (before taxes and other deductions):

Wages/salary (applicant)	\$ _____
Wages/salary (spouse/partner)	\$ _____
Unemployment	\$ _____
Veteran's benefits, pension income	\$ _____
Interest/dividends	\$ _____
Child support	\$ _____
Alimony paid to you	\$ _____
Disability, worker's compensation	\$ _____
Public assistance, Social Security benefits	\$ _____
Contribution from others	\$ _____
Other (specify): _____	\$ _____
Total annual income:	\$ _____

Education-Related Annual Income

Loans	\$ _____
Grants/scholarships	\$ _____
Student financial aid	\$ _____
Total annual educational-related income:	\$ _____

Your name (last, first): _____

b. Annual expenses and deductions (excluding educational expenses):

Mandatory taxes (income, property, etc.):	\$ _____
Insurance (all types):	\$ _____
Child/elder care	\$ _____
Retirement plan contributions	\$ _____
Mortgage/rent	\$ _____
Debt payments	\$ _____
Utilities	\$ _____
Medical expenses	\$ _____
Food	\$ _____
Transportation	\$ _____
Clothing, personal care	\$ _____
Children's expenses	\$ _____
Miscellaneous (specify)	\$ _____
Other living expenses (specify)	\$ _____

_____ **Total annual expenses:** \$ _____

Education-Related Annual Expenses

Tuition for education	\$ _____
Room, Board, Books & Other Education Fees	\$ _____
Total Annual Education expenses:	\$ _____

Please explain all differences between your Income and your expenses. Further, if your total income is less than your total expenses, please explain how you will provide for yourself and your family while you are attending school:

c. Financial assets:

Real estate (equity in your home)	\$ _____
Equity in other real estate:	\$ _____
Household assets:	\$ _____
Motor vehicles	\$ _____
Cash on hand (bank accounts, savings, etc.)	\$ _____
Life insurance (cash value only)	\$ _____
Stocks, bonds, securities, investments	\$ _____
Retirement funds, profit sharing, and pension cash value	\$ _____
Miscellaneous assets (specify)	\$ _____

Total financial assets: \$ _____

Your name (last, first): _____

d. Your anticipated educational expenses for semester named in question #2:

- The "Statement of Acceptance and Schedule of Fees" must be completed and signed by your school's admissions or financial officer. It may be mailed separately.
- If you have other educational expenses not included on that Statement, please explain.

e. Financial aid:

Please state the type and amount of loans, scholarships, and grants you receive or expect to receive for the semester you listed in question #2, as well as the source of the funds and the status of your award (i.e. offered, accepted, rejected):

f. Cumulative Educational Loans:

What is the outstanding balance of all educational loans you now have? \$ _____
(Do not include loans listed in 5 e above.)

6. Extenuating circumstances (optional, but recommended):

If you believe the CWF review committee should consider any unusual expenses, hardships, or personal challenges that you face, please use this space or attach another page to explain.

7. Community service:

Please list any volunteer work, awards/recognitions you have received, service projects, or organizations in which you have participated. List when and the number of years you participated. List how many hours/week you are currently contributing, if any.

Your name (last, first): _____

8. Statement of educational and career goals (required):

Attach a one-page (or less) essay of your educational and career goals and be sure your name is included.

9. Proof of United States citizenship and Colorado residency (required):

Your application packet must include photocopies of these TWO documents:

1. Proof of Colorado residency:

- A photocopy of a State of Colorado photo ID (State of Colorado-issued driver's license or State of Colorado-issued photo identification card)

AND

2. Proof of United States citizenship:

- A photocopy of your U.S. birth certificate
OR
- A photocopy of your United States passport
OR
- A photocopy of your United States INS naturalization card

9. Declaration (required):

To be eligible for an award from CWF, you must agree to the following statement and indicate your approval with your printed name, your signature and the date you signed.

I hereby make application for funds from the Colorado Women's Education Foundation, to be paid to the school specified in this application. I declare that, to the best of my knowledge, the information provided on this application is correct and complete. The Colorado Women's Education Foundation has my permission to verify any information provided and contact any credit reporting agency as deemed necessary.

I fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the information in this application as applicable under the provision of Title 1B, United States Code, Section 1014.

I understand this request for funds will not be reviewed until my application form is complete and accompanied by two letters of recommendation, transcripts, and statement of acceptance, unless waived.

Name (printed): _____

Signature _____ Date _____

Your name (last, first): _____

Release of information for publicity purposes (signature required)

Your response to the following statements will in no way affect the evaluation of your application for an award. However, we request a signature indicating your agreement or disapproval.

If I receive a Colorado Women's Education Foundation scholarship award, I grant permission to the Colorado Women's Education Foundation to produce, publish, and/or distribute for public relations, educational, and/or research purposes the following items from my application (mark all that apply):

- my name
- my educational program and school
- my age
- city where I live
- my grade-point average
- information about my family
- excerpts from my statement of educational and career goals
- excerpts from my statement regarding extenuating circumstances
- other:
- none of the above

I agree that the information indicated above may be used in any form deemed appropriate, including but not limited to, news releases, the Colorado Women's Education Foundation's website and publications, and it may be edited, copied, and modified accordingly.

I understand that such materials as named above become the property of the Colorado Women's Education Foundation. I acknowledge that I will not be paid for taking part in the production of these materials or from any proceeds that may come from their publication.

I understand that my agreement or disapproval of this publicity release does **not apply** to the confidential liaison communications with Colorado Women's Education Foundation's staff and/or Board of Trustees in accordance with the CWFEP privacy policy as published on the CWFEP website.

YES, I agree:

(signature) (date)

NO, I wish to remain anonymous and do not approve the release of any information about me for publicity purposes.

(signature) (date)

Note to applicant: Please do not include your name or other identifying information on this page.

Voluntary Information

Completion of any part of this section by the applicant is entirely voluntary. This information is confidential and **will in no way affect your eligibility** for a Colorado Women’s Education Foundation scholarship. Should you decide to provide the following information, it may be used as statistical data in our efforts to increase our scholarship funds.

If you think this information should be considered in determining whether you should receive a CWF scholarship, you may include it under “(6) Extenuating Circumstances” on page 5 or in your Statement of Educational and Career Goals or another attachment.

If you decline, please indicate:

- I choose not to answer any of these voluntary questions

Ethnicity/race (Please indicate the category that best describes you):

- Black or African American, not Hispanic or Latina
- American Indian or Alaska native
- Asian descent
- Hispanic or Latina
- White, not Hispanic or Latina
- Native Hawaiian or Pacific Islander

Survivor of violence:

During your childhood, were you the victim of physical or sexual abuse? Yes No

Have you ever been a victim of a partner’s/spouse’s violence? Yes No

Have you ever been a victim of any other violent crime? Yes No

First generation college student:

Looking back over the last three generations, are you the first in your family to attend an institution of higher education or vocational training? Yes No

**Colorado Women's Education Foundation
Application for Scholarship Funds
Statement of Acceptance and Schedule of Fees**

Applicant: This document must be completed and signed by the authorized admissions or financial officer of your school. This document may be mailed separately or with your application.

Mail the completed and signed form to: **Colorado Women's Education Foundation**
P.O. Box 1189
Boulder CO 80306-1189

This is to certify that:

Name of Student: _____ has been accepted by:

Name of Institution: _____

Address: _____

City, State and Zip Code: _____

for enrollment in Semester: _____ Year: _____ in: _____
degree program/course of study

Itemization of Expenses for Student's Educational Program for this Semester

Please include estimated tuition, fees, textbooks, and miscellaneous expenses required for this program and the date that payment is due.

<i>Type of expense</i>	\$ _____ <i>amount</i>	_____ <i>date due</i>
<i>Type of expense</i>	\$ _____ <i>amount</i>	_____ <i>date due</i>
<i>Type of expense</i>	\$ _____ <i>amount</i>	_____ <i>date due</i>
<i>Type of expense</i>	\$ _____ <i>amount</i>	_____ <i>date due</i>

Total tuition, fees, textbooks and miscellaneous fees for this semester: \$ _____

Attach your business card here with clear tape. No staples, please.

*Signature of authorized admissions
Or financial aid officer*

Title

date

**Colorado Women's Education Foundation
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Recommendation Form

Please take a moment to complete this confidential information. In addition, you may include a separate page or letter as you choose. Please type or print the information. Thank you!

Name of scholarship applicant: _____

Your name and title: _____

Your contact information (or attach a business card): _____

1. How long have you known the applicant? _____

2. Please describe your personal or professional relationship with the applicant. _____

3. How would you rate the applicant's past academic, employment, or volunteer record?

excellent good average below average

4. How would you rate the applicant's ability to undertake and complete her educational program?

excellent good average below average

5. In your opinion, what is the applicant's career potential?

6. Is there any other pertinent information you'd like to add?

(your signature)

(date)

(optional)

*Attach your business card here with clear
tape. No staples, please.*

*Please return completed form to applicant
or mail to:*

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