



# GRADUATE SCHOLARSHIP APPLICATION

2017-2018

Full Name: \_\_\_\_\_

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To be eligible for a Women of Tomorrow Graduate Scholarship, Alumnae must have participated in the program for **at least THREE (3) years**, with **no** unexcused absences from mentoring sessions. The Women of Tomorrow scholarship process is competitive and not every applicant will receive a scholarship. Anticipated award announcements made by **Thursday, May 31st, 2018**. Please note, applicants may be called upon for an in-person or video interview.

**Please check off each item and confirm you are submitting a COMPLETE application by Tuesday May 1st, 2018. Incomplete applications will not be considered.**

- \_\_\_\_\_ 1. One COMPLETE APPLICATION
- \_\_\_\_\_ 2. FINANCIAL PLANNING FORM filled out for the institution you plan to attend or each institution you may attend
- \_\_\_\_\_ 3. PERSONAL STATEMENT typed in 12 point font and double-spaced, on separate 8 ½ x 11 white pages, one page minimum
- \_\_\_\_\_ 4. RESUME
- \_\_\_\_\_ 5. 2017 Tax Return or copy of W2 for your parents/guardians or yourself if you are independent
- \_\_\_\_\_ 6. COLLEGE TRANSCRIPT unofficial/online printout acceptable (Must include Fall 2017 Grades)

**SCHOLARSHIP PACKAGE MUST BE EMAILED TO [g.kelly@womenoftomorrow.org](mailto:g.kelly@womenoftomorrow.org)** (include your name in the email subject line)

**BY Tuesday May 1st, 2018**

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**INSTRUCTIONS:** Please complete this entire application. **If a particular section does not apply to you, write “Not applicable”.** **DO NOT LEAVE QUESTIONS BLANK.** Information provided in this application will be used to determine your qualifications for a WOT Scholarship.

1. **Merit Awards** are available for support for your junior year in college.
  - a. Cumulative College GPA of 3.0 or greater required.
  - b. A recipient may only receive this award once.
  - c. Must be utilized for the designated college year.
2. **Graduate School Scholarships** are available for graduate school.
  - a. Cumulative College GPA of 3.0 or greater required.
  - b. Graduate School Scholarships are valid for issuance within four (4) years of the award date.

**MAKE A COPY OF YOUR COMPLETED APPLICATION AND ANY REQUIRED DOCUMENTATION FOR YOUR RECORDS.**



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By submitting this application, I provide my consent to share information contained in this application with the WOT Staff, Scholarship Committee and when necessary, WOT Scholarship Partners. Additionally, by accepting a WOT Scholarship, I hereby authorize WOT's Scholarship Partner to share my records with WOT for purposes of improving and evaluating the WOT Program.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

High school you graduated from: \_\_\_\_\_ Year graduated: \_\_\_\_\_

What grade were you in when you joined the Women of Tomorrow Program? \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

WOT can contact me via text message:  Yes  No

Alternate Phone #: \_\_\_\_\_ Name & Relation to Alternate \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

Address:

\_\_\_\_\_  
STREET ADDRESS (APT#) CITY STATE ZIP CODE

Citizenship Status:  US Citizen  Legal Alien  Resident  Other

*In order to be eligible for a WOT Scholarship applicants **must have legal status to live and work in the United States.***

Total number of people in your household: \_\_\_\_\_ Total household income for 2017: \_\_\_\_\_

Please list anyone who lives in your household who has graduated from high school (example: Mother, father, sibling...):  
\_\_\_\_\_

Please list anyone in your household who has attended and/or completed a two or four-year higher educational institution:  
\_\_\_\_\_

If you had more than 3 Excused Absences from mentoring sessions during your entire time in WOT, please explain:  
\_\_\_\_\_

Select which applies to you:

I am currently in my Sophomore year of college. Number of credits earned at time of application (i.e. as of 12/31/17) for the **Merit Award** must be at least 45 credits.

I have completed a Bachelor's Degree and would like to continue my higher education (**Graduate Scholarship**)

**STUDENT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



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## Financial Planning Form

**You must complete this form in order to apply for a WOT Scholarship. Please complete the YEARLY COST for the institution you plan to attend** (make a copy and complete for additional institutions you are considering).

The *Expected Family Contribution (EFC)* is the amount your family is expected to pay toward education-related expenses. In other words, this money will come from your pocket. *If you have completed FAFSA, that application will provide you with your EFC.*

Be sure to list all other (non-WOT) scholarships or grants you will receive to assist with your educational expenses.

<b>School Sample</b> <i>University of Florida</i>	<b>School</b> _____																																								
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Cumulative Student Loan Debt: \_\_\_\_\_



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## Personal Statement

Your Personal Statement should be **typed** in 12 point font and double-spaced on 8 ½ x 11 white paper, one page minimum.

Be sure to answer each question below, in numbered sections as follows:

- 1) A brief personal history.
- 2) A description of any extenuating circumstances or obstacles you have faced in your life and their outcome.
- 3) A description of what Women of Tomorrow meant to you, including if you had a special role within the group.
- 4) An explanation of your career goals and your education plan to achieve them, including what you have accomplished so far.
- 5) An explanation of why you are applying for a scholarship and how you will use the funds. *If use of funds is not related to tuition, room & board, or books & supplies for secondary education, please specify the exact nature of the request.*
- 6) An explanation of how much you would need, using the financial planning form, to fulfill your unmet need for educational expenses (*please note Women of Tomorrow typically does not fulfill the entire unmet need*).
- 7) Other – anything else you wish to share should be in this section.