



BROWARD WOMEN'S ALLIANCE

BROWARD WOMEN'S ALLIANCE
Fund for the Advancement of Women
2015 Application Form

The purpose of the Broward Women's Alliance Fund for the Advancement of Women Scholarship is to benefit women who need support and encouragement for professional development through education. The applicant must be enrolled in a degree-seeking or certification program at a fully accredited school or college.

Amount of the current scholarship to be awarded: at least \$1,000

Application deadline: April 17, 2015

Notification of awards: Week of May 11th, 2015

General criteria:

We are looking for someone who has chosen a specific educational path that will assist her in achieving economic self-sufficiency, economic independence, and full participation in the workforce.

Please include a description of the specific program and the educational institution for which the scholarship is being requested. Acceptance into the program or course is not required at the time the application is considered.

Acceptance into the program will be necessary for the grant money to be disbursed and grant money will only be disbursed directly to the educational institution.

Scholarship funds are applicable only to tuition and fees.

In order to be eligible, you must be a resident of Broward County.

SUPPORTING DOCUMENTS:

Please mail your fully completed application with the following:

1. Resume, including your educational and employment history and your volunteer activities.
2. Proof of your United States citizenship or resident alien status.
3. Proof of residency in Broward County (example—voter registration card, utility bill, mail from a banking institution, etc. such as can be found on <http://www.dmvflorida.org/drivers-license-identification.shtml>)

Please also arrange for the following to be sent directly to BWA from the institution and the reference source:

4. Official transcript of your grades from your current or last attended educational institution.
5. Two letters of recommendation: (a) from a teacher or advisor from your most recent educational institution; and/or (b) from your current or previous employer (if employed) and/or (c) from someone who has known you at least two years but that is not a relative.

APPLICATION

Please complete the following (you may attach additional pages if necessary):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cellular #: _____ Email: _____

Current marital status: _____ Date of birth: _____

Names, relationship and ages of any dependents living with you:

Educational History:

High School: _____

Years attended _____ Year graduated _____

College: _____

Years attended _____ Major _____ Degree and year _____ or Credits earned _____

Describe the specific educational course or program to which you would apply this scholarship. Tell why this program is especially important to you. Please attach a separate sheet to respond to this question.

What school are you attending for this program? If you are not currently attending this school, you must provide a letter showing that you have been accepted for the program.

If you are currently attending school, how is your education being financed?

Are you currently receiving financial aid? _____ If yes, give the source(s) and amount(s):

Have you filed other applications for financial aid? _____ If yes, give the source(s) and amount(s):

In order to complete the program for which you are requesting this scholarship, will you require additional sources of financial aid? What additional sources might be available to you?

Name and address of your current employer, if applicable: _____

Please identify your income and include all sources:

PLEASE RETURN the **completed** application with SUPPORTING DOCUMENTS 1-3 to:

Tracy Carroll, Tracy Carroll Salon, 2331 Wilton Drive, Wilton Manors, Florida 33305. Please mark the envelope "Confidential" or via email to tlc2323@comcast.net and write BWA Applicant in the subject line. PLEASE ARRANGE for SUPPORTING DOCUMENTS 4 AND 5 to be sent to the same address.

I _____ declare that the above answers and information are true and correct. I understand and agree that BWA reserves the right to seek recoupment of any monies awarded to me if BWA later discovers that the information I have provided in this application is not true and correct.

Signature

Date: _____