



P.O. Box 678, Stevensville, MD 21666 • cwnqac@gmail.com

## **SCHOLARSHIP APPLICATION INSTRUCTIONS**

Follow directions carefully and complete **all sections** of the application. Applications not in compliance with details specified in the application instructions or the application form may be disqualified.

### **SCHOLARSHIP CRITERIA**

- Be a female.
- Be at least 22 years of age.
- Be a resident and/or work in Queen Anne's County and a US citizen or US national.
- Be a High School graduate or have earned a GED.
- Demonstrate financial need.
- Be officially accepted (or in the process) into an accredited program or certificate program at a US college, university or an accredited vocational/certificate program.
- Must carry minimum 3 credits, or equivalent per semester.
- Demonstrate clear career plans.
- Not be earning a doctoral-level, such as a PhD, MD, DDS, DVM, JD, etc.
- Priority will be given to women re-entering college or returning to the job market.
- Submit a complete scholarship application package.

### **NOTIFICATION OF AVAILABILITY**

- Notice of scholarship availability will be placed in local newspapers, library, social media and through Chesapeake College Office of Financial Aid. Reminders to the CWN membership will also appear in the CWN Newsletters so that CWN members can also make recommendations.
- Scholarship applications will be available in a downloadable format from the CWN website ([chesapeakewomensnetwork.org](http://chesapeakewomensnetwork.org)) as well as in paper form both at Chesapeake College and at the request of any applicant from the Scholarship Committee.

### **APPLICATION COMPONENTS & INSTRUCTIONS**

- The application form must be completed in English and all accompanying documents must be in English. Application must be completed in its entirety. Any applications not completed in compliance with the details of the application form may be disqualified. All application forms must be submitted in a single envelope. Faxed or emailed applications will not be accepted.
- The application package is attached to the end of this document.

### **APPLICATION DEADLINE & SUBMISSION**

- **Applications must be received by the Scholarship Chair(s) no later than April 15, 2017.**
- The Scholarship Committee will not consider submissions that are faxed or emailed.
- Interviews with the Scholarship Committee will take place in late April and early May.

## **INTERVIEW AND DECISION PROCESS**

- The Scholarship Committee shall schedule all interviews as close together as is possible. Each interview will last approximately 30 minutes.
- Priority will be given to women who are returning/entering college or an accredited vocational/certificate program and returning to the workforce. The Committee will meet within 2 weeks after the last interview to reach a consensus on scholarship awards and recipients. These recommendations must be presented to and approved by the Board at the next scheduled Board meeting.
- All recipients will be sent letters of congratulations following the CWN Board meeting. All unsuccessful applicants will be sent a letter of thanks encouraging them to apply next year. Upon request, the Scholarship Chair will provide the unsuccessful applicants with a de-briefing on where their applications were deficient in an effort to improve their success in subsequent submissions.
- Scholarship winners may apply in subsequent years provided they maintain a 2.5 GPA and provide a college or accredited vocational/certificate program transcript to that effect.
- Scholarship recipients should plan to attend the award presentation at the June CWN meeting (second Thursday of the month) where they will be introduced to the membership and will give a brief synopsis of their goals.
- The Director of Financial Aid at the institution of each scholarship recipient will be notified by telephone in June to advise them of the identity of the scholarship recipient and the amount of the scholarship.
- All checks will be mailed to the college or an accredited vocational/certificate program of each recipient as soon as possible after approval by the CWN Board and the Board at the Foundation for Community Partnerships.

## **MISCELLANEOUS**

- The amount and number of scholarships to be awarded will be at the discretion of the Committee.
- Applicants can reapply annually for a scholarship.
- The Committee reserves the right to retain funds if it is determined that there are no appropriately qualified applicants.
- All checks will be made payable to the institution of choice and mailed directly to the institution's Director of Financial Aid. Should the funds not be used by the recipient within a 12 month period from the date they were sent, then the college will be instructed to return the unused portion to the CWN
- Scholarship Fund held at The Foundation for Community Partnerships.

## APPLICATION REQUIREMENTS

**APPLICATION FORM** - Must be fully completed, signed, and dated. Read the certification and release information and make sure that you understand it. By signing the application you are indicating your acknowledgement and agreement. Without your signature and date, your application will be disqualified.

**PROOF OF ELIGIBILITY** - Attach a copy of your High School diploma or your GED certification demonstrating that you have successfully completed high school graduation requirements.

**LETTER OF ACCEPTANCE/PROOF OF ENROLLMENT** - Provide a copy of the acceptance letter to the school and program of study you will pursue during the academic year (the year for which you are requesting funding). Alternatively, you may provide other documentation from the registrar's office that shows proof of enrollment.

**Proof of Identity**- Provide a **copy** of your Driver's License.

**Two Letters of Recommendation** - Provide the letter of recommendation form to each of the two people you have chosen to write a letter. The letters should be from at least two different sources, (for instance, employer, professor, and clergy). Letters cannot be from relatives. You should allow at least a two week turn around for your letters of recommendation.

Recommendation letters should be on the organization's letterhead. Letters must be current and dated no earlier than six months before date of submission of application; older letters or copies will not be considered.

The letter must be confidential. Ask your recommender to return the recommendation form and letter to you in a sealed envelope with his or her signature written across the seal. Submit all three sealed recommendations with your application.

Letters should highlight:

- Academic, employment, and/or volunteer record
- Ability to undertake and complete proposed training
- Outstanding strengths or characteristics
- Any other information that would assist the Scholarship Committee in the selection process



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## SCHOLARSHIP APPLICATION FORM

- **Receipt Deadline: April 15, 2017**
- Carefully review the Application Instructions before completing application.
- Type or write legibly in black or blue ink. Type size must be at least 12 characters per inch, or 11 point.
- Confine responses to allotted space, except where otherwise instructed.
- Review, sign, and date application.
- Incomplete applications or applications received after April 15 may not be considered.

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

Permanent address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Email \_\_\_\_\_

Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Age \_\_\_\_\_

Proof of Identity: Driver's License COPY

Have you ever been a recipient of a scholarship through the Chesapeake Women's Network?

Yes  No

If yes, when? \_\_\_\_\_

Marital status:  Married  Single  Divorced  Separated  Widowed

Are you a single parent?  Yes  No

How many dependents are living in your household? \_\_\_\_\_ List age of each dependent:

\_\_\_\_\_

Do you support anyone else that lives outside your household?  Yes  No

**Educational Program for Which Scholarship Is Requested**

Are you currently enrolled in school?

- Yes (Enclose acceptance letter.)
- No / Pending (Acceptance letter must be sent to CWN Scholarship Chair for receipt by May 10, 2017.)

Will you be attending school:  Full-time  Part-time.

List number of credit hours: \_\_\_\_\_

Type of degree or certificate program (Check only one)

- Associate's degree
- Bachelor's degree
- Master's degree
- Certificate program for person with a degree (e.g., teacher's certificate)
- Certificate program that does not require a degree (e.g., nurse practitioner)

Field of study/major and date classes start \_\_\_\_\_ / \_\_\_\_\_

Anticipated graduation or certification date \_\_\_\_\_

What is the purpose of this education? (Check one only)

- Career advancement (seeking progression within your current field of work)
- Enter or re-enter job market (have been absent from, or never in, the job market)
- New career field (returning to school to change your career)

**Institution**

Type of institution (must be an accredited college, university or facility in the US):

- Vocational/technical college
- Community/2-year college
- 4-year public college/university
- Technical/vocational certificate
- 4-year private college/university

**Educational Record**

Check all levels of education completed to date:

- High school diploma
- High school GED
- Bachelor's degree
- Master's degree
- Technical/vocational certificate
- Terminal degree (e.g., JD)
- Associate's degree

List all schools attended since high school. Record in order, starting with the most recent. You may add pages in same format as needed.

Institution \_\_\_\_\_

Location (City & State) \_\_\_\_\_

Dates (mm/yr) From: \_\_\_\_\_ To: \_\_\_\_\_

Major Field of Study \_\_\_\_\_

Coursework status (Credit or Not for credit) \_\_\_\_\_

Degree/Certification Earned & Yr Awarded \_\_\_\_\_

### **Essay**

Share with us your specific, short-term goals and how your education will help you accomplish these goals and make a difference in your life. Include as a part of the essay a back-up plan in the event that the scholarship is not granted. Lastly, please state your current financial situation and how this scholarship will help.

The CWN Scholarship Committee will consider your essay very carefully when your application is evaluated. It should be well thought out and relevant to your career goals. Please keep your essay to one page.

### **Checklist**

The completed application and supporting papers must be received at the address below no later than April 15, 2017. Please note that materials received after this date may be disqualified.

### **Mailing Address:**

Chesapeake Women's Network - CWN  
C/O Scholarship Committee  
PO Box 678, Stevensville, MD 21666

The following items constitute a complete application package and must be submitted in a single packet. If any item is missing, the application will be considered incomplete and may be disqualified.

- Application form - signed and dated
- Letter of acceptance/proof of enrollment - if acceptance is pending, this item may be forwarded for receipt by April 15th
- Proof of Identification
- Two Letters of recommendation - each in a sealed and signed envelope

### **Required Certification and Release of Information**

This certification must be signed and dated by applicant to be considered for a scholarship.

I hereby certify that the information provided in this application packet is accurate and complete to the best of my knowledge.

I have read the Application Instructions & Requirements for the CWN Scholarship and meet all stated conditions of eligibility.

I understand that this application may not be considered for review unless all requested materials are enclosed and the application is signed, dated, and received by the CWN Scholarship Chair no later than April 15th.

I understand that applications are evaluated on the applicant's documented submissions, including how this award would help, description of career plans and goals, and letters of recommendation. I understand that the CWN may not be able to award scholarships to all eligible applicants. I understand that recipients are chosen by the CWN Scholarship Committee and that CWN does not comment on the review panel's deliberations or on any particular applicant's status.

I understand that all applications will be held confidential, and that no application material will be returned. I waive the right to access letters of recommendation written on my behalf. I understand that scholarship funds cannot be used for expenses incurred before the period covered by the scholarship grant. I understand that CWN will notify scholarship recipients by phone, followed by a mailed written notification. If I am not a scholarship recipient, I understand that I will be notified by mail only, but will have an opportunity for a debriefing on where the application was deficient only if I contact the CWN Scholarship Chair and request a telephone or e-mail debriefing.

If selected to receive a CWN Scholarship, I give CWN permission to release my name, institution, and photograph for promotional purposes. I understand that upon selection information will be released to the press and may be placed on the CWN website. [Please note: CWN does not require scholarship recipients to give permission to release information that could put themselves or their families at risk. If releasing your information will endanger you or your family, please indicate such on your application.]

Signature (required) \_\_\_\_\_

Date (required) \_\_\_\_\_

**LETTER OF RECOMMENDATION**

Applicant's full name (Type or print) \_\_\_\_\_

**Instructions to the Applicant:** You must provide two current, confidential letters of recommendation from at least two different sources, (for instance, employer, professor, and clergy). Letters cannot be from relatives. Two letters are required. Provide a copy of this form to each evaluator. You should fully apprise your evaluators about the Chesapeake Women’s Scholarship Program and your reasons for seeking a scholarship. Allow your evaluators at least two weeks to complete their letters. Submit each sealed recommendation with your application for receipt by the April 15th deadline.

**Instructions to the Evaluator:** The person named above is applying for a Chesapeake Women’s (CWN) Network Scholarship. The CWN Scholarship Committee requests your candid, written evaluation of the applicant's qualifications. Since you know the candidate, the review committee is depending upon your thoughtful observations, especially relative to applicant's academic, employment, and/or volunteer record; applicant's ability to undertake and complete her training; and her outstanding strengths or characteristics. Please also include any other information that would assist the committee in the selection process.

The applicant will benefit most from a specific and illustrative evaluation rather than a general assessment. Your evaluation should discuss the applicant's strengths and, as appropriate, provide insight into any areas where growth is needed. Please define the criteria upon which you base your judgment and how the applicant meets your criteria.

The letters should be written on the letterhead of your professional affiliation. Recommendation letters must be current and dated no earlier than six months before date of submission of application; older letters and copies will not be considered valid.

**Please complete the information below and return this form and your signed letter of recommendation to the applicant in a sealed envelope.** Sign your name across the seal of the envelope. Your evaluation will be confidential, intended for use only by Chesapeake Women’s Network Scholarship review committee. All application materials must be submitted by the applicant for receipt on or before the April 15, 2017 deadline.

The CWN Scholarship Committee thanks you for your assistance. For further information, visit [www.cwnqac.org](http://www.cwnqac.org).

Evaluator's Name (Please type or print.) \_\_\_\_\_

Professional Title \_\_\_\_\_ Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

How long have you know the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_