AWARD PROCESS

WRC will award its scholarships in July of each year for the subsequent Fall and Winter terms. The award is intended to cover two semesters/terms with payment for the second term contingent on satisfactory performance in the first term. WRC scholarships are up to $1000, based on two award payments of up to $500 in each term. WRC Scholarship awards can be used for tuition, fees, books, equipment and other education-related expenses (e.g. childcare, supplies required for a course, etc.) Award recipients will be expected to maintain contact with WRC during the award period and meet with representatives from the WRC scholarship committee in November of the award year. At this meeting, the recipient will report on their progress, obstacles, and goals. Based on this progress report, the committee will approve the second semester award payment.

ELIGIBILITY

In keeping with our mission, WRC awards education scholarships to full or part-time students who:

- Are current WRC clients, AND
- Reside within Women’s Resource Center’s service area (Allegan, Barry, Ionia, Kent, Montcalm and Ottawa counties), AND
- Demonstrate financial need, AND
- Are currently enrolled in or can document acceptance to an accredited post-secondary institution of learning or program that leads to a recognized credential & are not pursuing graduate work, AND
- Have well-defined educational and career goals

Preference will be given to applicants who:

- Are WRC clients actively participating in a WRC program/service
- Are single heads of households or provide primary support for themselves or families
- Are returning to school as a means of becoming employable and economically secure.

Women’s Resource Center employees and their immediate family members are not eligible for awards from this scholarship fund.

APPLICATION DEADLINE

Women’s Resource Center will accept scholarship applications from April 1st to June 30th, 2017. All completed applications must be received in the WRC Office by:

5:00 PM June 30th, 2017 for Fall 2017 / Winter 2018

Recipients of awards will be notified by July 31, 2017.

Application begins on the next page
A. Please complete this section and return with application. As you check off each number, please be sure that you have fully completed each section - incomplete applications will not be considered. Thank you.

_____________________________________________________
WRC Participant/ Scholarship Applicant Name

_____________________________________________________
Submission Date

B. WRC requests that participants have their staff or volunteer Job Coach, Case Manager, or Mentor review this application prior to submission. WRC will give award preference to clients who are enrolled in intensive services through Empower, Mentoring, New Beginnings, etc.

Each of the following sections have been fully completed and are included in this packet:

- Section 1. Application Completion Checklist (this page)
- Section 2. Applicant Personal Information
- Section 3. Applicant Education & Training History
- Section 4. Applicant Education Plan
- Section 5. Applicant Financial Information
- Section 6. Financial Aid Office Form (signed by Financial Aid Officer)***
- Section 7. Authorization Release & Certification (signed by applicant)
- Section 8. Educational & Career Goals Statement
- Section 9: Right to Use/Release of Information

Each of the following items have been attached to this application packet:

- Copy of Applicant's Most Current Transcript
- Copy of School Acceptance Letter, Registration Form or Tentative Schedule
- Statement of Special Circumstances (if applicable)
- Copy of Applicant's Financial Aid Award Notification Letter (if applicable)
- Letter of Recommendation (optional, but recommended)

The WRC staff/volunteer signature below verifies the applicant's status as a current WRC client and that the application has been reviewed for accuracy and completeness.

WRC Program client/applicant is enrolled in: _______________________________________

_________________________________________
WRC Staff/Volunteer Signature

_________________________________________
Date of WRC Staff/Volunteer Review

C. With a paper clip, attach this sheet to the front of your application packet.

D. Return packet to:

Women’s Resource Center
ATTN: Scholarship Committee
678 Front NW—Suite 180
Grand Rapids, MI  49504

***All application materials must be submitted together to be considered a complete application, with the exception of Section 6: Financial Aid Office Form, which may be sent directly to WRC from your school.
SECTION 2: Personal Information

A. Personal Information
Your Student ID number (provided by educational institution): ________________________________

Home Address: ___________________________________________ City: ____________________________

Zip: _____________ County: ___________ Phone: ___________________ E-Mail address: ________________

Marital status: ___Single   ___Separated   ____ Divorced   ___Widowed   ____Married _____ Partnered

Excluding yourself, # of people living in your household & depending on you for financial support ________

Employment Status: ____Unemployed    _____ Employed Full-time    ____ Employed Part-time _____ Disabled

If Employed, Name of Current Employer: _______________________________________________________

Job Title: ______________________________________________________________________________

B. Please list any community involvement or volunteer experience:

________________________________________________________________________________________

SECTION 3: Education & Training History (List most recent first)

<table>
<thead>
<tr>
<th>SCHOOLS ATTENDED</th>
<th>DATES ATTENDED</th>
<th>AREA OF STUDY</th>
<th>GPA</th>
<th>DEGREE/CERTIFICATE</th>
<th>YEAR GRADUATED</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

B. Other training or certification (list below):

________________________________________________________________________________________

________________________________________________________________________________________

C. Transcript: Provide a copy of your most current transcript (available by calling the current or last education institution you attended). Be sure to attach it to your completed application.

SECTION 4: Education

Educational institution where you are enrolled or plan to attend (Attach a copy of your acceptance letter or registration form)

________________________________________________________________________________________

Area of study

Indicate Fall/Winter/Summer Semester & Year

________________________________________________________________________________________
SECTION 5: Applicant Financial Information *(to be completed by applicant)*

A. Financial Information

**Total household income before taxes (including public assistance & other sources of income)**

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Source(s)</th>
<th>Amount</th>
<th>Total From All Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Year</td>
<td></td>
<td></td>
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<td></td>
<td>$</td>
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<tr>
<td>This Year</td>
<td></td>
<td></td>
<td>(anticipated for this year)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

B. Have you applied for financial aid at the place of study you plan to attend?  
☐ Yes  ☐ No

If “no”, why not? ________________________________________________________________

______________________________________________________________________________

If “yes”, do you qualify for aid?  
☐ Yes  ☐ No

Amounts: ______________________  Grants: $ ________________

Loans: $ ________________

If you do not qualify for financial aid, why not? __________________________________________

______________________________________________________________________________

C. Have you previously applied for a WRC scholarship?  
☐ Yes  ☐ No

If yes, have you been awarded a WRC scholarship in the last two years?  
☐ Yes  ☐ No

When & Total Amount: ____________________________________________________________

______________________________________________________________________________

D. Total number of credit hours you are taking?

______________

E. What is the cost of tuition per credit?  

$ ________________

F. Amount of WRC scholarship requested by this application:  

($1,000/yr maximum)  

$ ________________
A. Applicant Name  (First)   (M.I.)   (Last)   Student ID Number

B. Applicant is considered:  ☐ (Financially) Independent  ☐ (Financially) Dependent

C. Anticipated Resources for:

<table>
<thead>
<tr>
<th></th>
<th>Fall</th>
<th>Winter</th>
<th>Total for Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Contribution</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse/Student Contribution</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V.A. or S.S. Benefits</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scholarship Grants</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Pell, SEOG, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Loans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Subsidized &amp; Unsubsidized)</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (list):</td>
<td>$</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. We  ☐ Recommend this applicant for a WRC scholarship grant.  ☐ Do NOT Recommend

E. Receiving this scholarship  ☐ will affect applicant's eligibility for other grants or loans.  ☐ will NOT

F. Signature of Financial Aid Officer  E-Mail Address

G. Name of Financial Aid Officer (Printed)  Phone #

H. Name of Institution  Date

SECTION 7: Authorization Release & Certification

A. I hereby give the Financial Aid Officer, my Academic Advisor or representatives from the educational institution’s Counseling Office permission to release to Women’s Resource Center any information that is pertinent to this application for a WRC scholarship. In submitting this application, I certify that the information is complete and true to the best of my knowledge.

B. Applicant Signature  (Applicant MUST Sign)  Date
This section is very important in determining the award selection

**Required:**

**Educational & Career Goals:** Submit a statement describing your personal aspirations and your educational and career goals, not to exceed two pages (single-sided, double-spaced, 12 pt. font).

**Special Circumstances:** Please report on an additional sheet any special family, personal, or financial circumstances which may warrant additional consideration in processing your application request. These might include such things as financial hardships, disabilities, family separation, extraordinary family responsibilities, etc. Please do not exceed one single-sided, double-spaced page, 12 pt. font.

**Optional:**

**Letter of Recommendation:** Although not required, it is highly recommended that you include a letter of recommendation from the WRC staff or volunteer with whom you work most closely. If you are not enrolled in an intensive program, please provide a letter of recommendation from a professor, supervisor, or staff from another social service agency who is able to speak to your educational or career goals.
SECTION 9: Right to Use/Release of Information

Right to Use/Release of Information

I, __________________________________, grant to the Women’s Resource Center, the right to use and publish my written comments, photographic likenesses or pictures of me. I understand and agree that my comments or photographic image may be used in whole or in part, in conjunction with my own name, or reproduction thereof, made through any medium, including Internet, for the purpose of use, dissemination of, and related to Women’s Resource Center publications.

I waive the right that I may have to inspect or approve the finished product or the advertising or other copy, or the above-referenced use of the portraits or photographic likenesses or pictures of me and attached document and any information contained within the document.

Dated ________________________, 20__

______________________________________
Signature

______________________________________
Name Printed

______________________________________
Address

Women’s Resource Center- 678 Front NW, suite 180, Grand Rapids, MI 49504
616-458-5443 (p) 616-458-9933 (f) www.grwrc.org