

NOW Woman of Promise Scholarship

PLEASE USE BLACK OR BLUE INK AND PRINT CLEARLY

Applicant Data

LAST NAME FIRST NAME MIDDLE NAME / INITIAL

PERMANENT ADDRESS APT CITY STATE ZIP CODE

DATE OF BIRTH (Month/Day/Year) PHONE CELL EMAIL

NAME OF PARENT(S)

PARENT MAILING ADDRESS (if different from student applicant)

PARENT TELEPHONE NUMBER (if different from student applicant)

School Data

HIGH SCHOOL(S) ATTENDED

ALL SCHOOLS ATTENDED IN YOUR CURRENT SCHOOL DISTRICT

RUNNING START OR OTHER SCHOOLS ATTENDED (if applicable)

Career Goals Identify your intended program or major (i.e. accounting, engineering, teaching, zoology, welding). List in order of preference.

1. _____

2. _____

3. _____

APPLICATION DEADLINE – _____

SUBMIT TO YOUR HIGH SCHOOL SCHOLARSHIP COORDINATOR

ESTIMATED SCHOOL EXPENSES AND FINANCIAL RESOURCES

First Choice School: _____

Second Choice School: _____

YEARLY COSTS	1ST CHOICE SCHOOL	2ND CHOICE SCHOOL	YOUR ESTIMATED ANNUAL FINANCIAL RESOURCES	
Tuition & Fees	\$ _____	\$ _____	Family Contributions	\$ _____
Room & Board <i>Where will you live?</i>	\$ _____ <input type="checkbox"/> at home <input type="checkbox"/> at school	\$ _____ <input type="checkbox"/> at home <input type="checkbox"/> at school	Awarded grants & scholarships	\$ _____
Books & Supplies	\$ _____	\$ _____	Personal savings	\$ _____
Personal Expenses	\$ _____	\$ _____	Summer job income	\$ _____
Other Expenses	\$ _____	\$ _____	Other income	\$ _____
TOTAL	\$ _____	\$ _____	TOTAL	\$ _____

Are you enrolled in the “College Bound” Scholars Program? Yes No

Will you be able to attend school without financial aid: Yes No

Briefly explain your need for financial support.

IMPORTANT THIS APPLICATION BECOMES VALID ONLY WHEN THE FOLLOWING HAVE BEEN SUBMITTED

- Applicant Data Student and Family Financial Information Current Official Transcript Essay (maximum of 500 words)
- Activity Data Two Written Letters of Recommendation Applicant Appraisal

SIGNATURE In signing this application, the applicant acknowledges that this application is complete and accurate. Applicants grant permission to reproduce, publish, circulate, copyright or other use of any and all photographs of applicant for Foundation’s use in their marketing, advertising, promotional instruments.

APPLICANT’S NAME

HIGH SCHOOL

APPLICANT’S SIGNATURE

DATE

Name

High School

Personal Data and Applicant Information – Complete the following information. Feel free to attach additional paper, but please label each page with your name and high school. Please do not write on the back of this page. Thank you!

School Activities	9 th	10 th	11 th	12 th	Description of Activity	Leadership Role and Years Held
Other School Honors, Awards or Leadership Experience	9 th	10 th	11 th	12 th	Description of Honor or Leadership	Hours/Dates

APPLICANT APPRAISAL – REQUIRED
TO BE COMPLETED BY A HIGH SCHOOL COUNSELOR, ADVISOR OR INSTRUCTOR.

Name

High School

TO THE PERSON COMPLETING THIS FORM: You have been asked to provide information in support of this scholarship application. Please give immediate and serious attention to the following statements. When complete, please return to the applicant in a sealed envelope.

Applicant’s choice of a post-secondary education program is . . .

- Extremely appropriate Very appropriate Appropriate Not appropriate

Applicant’ ability to set realistic and attainable goals is . . .

- Extremely appropriate Very appropriate Appropriate Not appropriate

Applicant’s achievements reflect his/her ability . . .

- Extremely well Very well Moderately well Not well

Applicant’s commitment to school and community is . . .

- Excellent Good Fair Poor

Applicant is able to seek, find, and use learning resources . . .

- Extremely well Very well Moderately well Not well

Applicant demonstrates curiosity and initiative . . .

- Extremely well Very well Moderately well Not well

Applicant demonstrates good problem-solving skills, follow through and completes tasks . . .

- Extremely well Very well Moderately well Not well

Applicant’s respect for self and others is . . .

- Excellent Good Fair Poor

Are you aware of special circumstances or financial need?

APPRAISER’S NAME

TITLE

SIGNATURE

DATE

PHONE NUMBER