

**UTAH STATE UNIVERSITY
WOMEN'S CENTER and REENTRY STUDENT CENTER
2009-2010 INFORMATION FOR SCHOLARSHIP APPLICATION**

Name _____ A# _____
(Last) (First)

It is essential that you read the criteria for each scholarship to determine your own eligibility. (Go to Women's Center web site (www.usu.edu/womencenter) or the Reentry Student Center site (www.usu.edu/reentrystudent), then click on Financial Assistance, then on Specific Scholarship Criteria).

Is there a specific scholarship(s) for which you are applying?

- 1) _____
- 2) _____
- 3) _____

You will also be considered for any other scholarships for which the committee determines your eligibility. **It is only necessary to complete one Application and one Recommendation Form. This form will be utilized for any and all scholarships for which you qualify..**

Content	Pages
Information regarding process-----	1
Application Form-----	2 - 4
Goals and Personal Questions-----	5
Recipient Agreement Form-----	6
Recommendation Form-----	7 - 9

PLEASE RETURN YOUR APPLICATION ALONG WITH THE FOLLOWING:

- Goals and Personal Questions Responses
- Recommendation Form on pages 7-9 of this document
(In sealed envelope signed on back by recommender **or** sent separately and directly to the center from the recommender. It is your responsibility to see that this reaches the office by the deadline.)
- Financial Aid letter - if applicable
- Unofficial Transcript(s) - if applicable
- Recipient Agreement Form (signed and dated)
- Picture (small, approximately 2 x 3 – can be casual or we will take one in office)

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED

Correspondence regarding your scholarship award will be sent to you through email. It is therefore IMPERATIVE that you have an accurate email address on file with us.

TO: Mailing Address: Phone # (435) 797-1728 or (435) 797-1702
Fax #: (435) 797-3318
Women's Center Physical Address: Taggart Student Center Room 315
0185 Old Main Hill Email Address: womenscenter@usu.edu or reentry@usu.edu
Logan, UT 84321

2009-1010 SCHOLARSHIP APPLICATION

Websites: www.usu.edu/womencenter/ OR www.usu.edu/reentrystudent

APPLICATION DEADLINE: March 31, 2009 4 p. m.

SECTION I

Name: _____ Student A# _____
(Last) (First)

Permanent Address: _____
(Street) (City) (State and Zip Code)

Current Address: _____
(If different from Permanent) (Street) (City) (State and Zip)

Telephone: () _____ Secondary number: () _____

E-mail address: (Required) _____

PERSONAL INFORMATION

____ Male ____ Female Age _____

____ Utah Resident ____ Non-Utah Resident

Visa Status _____ (International students only)

____ American citizen ____ Resident/Citizen of another country?
If so, what country? _____

Class Standing

____ Freshman
____ Sophomore
____ Junior
____ Senior
____ Graduate

Marital Status:

____ Single
____ Divorced
____ Widowed
____ Married

Race/Ethnicity:

____ American Indian ____ White
____ Asian ____ African American
____ Hispanic ____ Other
____ Pacific Islander

EDUCATIONAL INFORMATION

Are you a first generation college student? ____ Yes ____ No

Have you met with an Academic Advisor? _____

If so, Advisor's Name _____

If applicable, USU Intensive English Level Passed _____

Gap in Education (number of years) _____

If you have earned ANY college credit, include an unofficial college transcript

I am registering for _____ semester hours for Fall 2009

Anticipated Graduation Date _____ Major _____ Minor _____

Current GPA _____

Which campus will you be attending for the majority of your courses? _____

SECTION II

FAMILY INFORMATION

If married, name of spouse: _____

Number and ages of children: _____

Number of children living at home: _____

PERSONAL FINANCIAL INFORMATION

Are you employed? Yes _____ No _____ Is your partner/spouse employed? Yes _____ No _____

Your Employer _____
(Name) (Address)

Current Gross Yearly wages _____ Hours Worked Weekly _____

Supervisor's Name _____ Phone _____

Spouse/Partner's Employer _____

Is your partner/spouse also a student? Full Time _____ Part Time _____

Current Gross Yearly wages _____ Hours Worked Weekly _____

Supervisor's Name _____ Phone _____

AMOUNT OF AID YOU ARE RECEIVING PER YEAR:

YOU MUST COMPLETE A FINANCIAL AID FAFSA FORM (<http://www.usu.edu/finaid/>) IN ORDER TO QUALIFY FOR ANY OF OUR SCHOLARSHIPS.

Do you receive aid from your employer for school? Yes _____ No _____

If so, please list type, amount and at what point in the semester you receive payment.

OTHER FINANCIAL AID:

Rehabilitation Services \$	Disability \$	Social Security \$
AFDC \$	Food Stamps \$	Child Care Assistance \$
Alimony \$	Child Support \$	Other \$

TOTAL AID PER MONTH \$ _____

USU FINANCIAL AID FOR 2009-2010

Applied for Federal Aid:

_____ Pell _____ Loans _____ Work Study _____ USU Scholarship(s) _____ Tuition Waiver

_____ Applied, but haven't heard

_____ Applied and received Federal Aid **Attach copy of your Financial Aid Award Letter**

Did not apply for Federal Aid because _____ Not Eligible _____ Prefer Not to Apply

Will you receive any other financial aid? Yes _____ No _____

If so, please list source and amount:

TOTAL OF ALL AID YOU ARE RECEIVING FROM ALL SOURCES: \$ _____

GOALS AND PERSONAL QUESTIONS REPOSES

The following is very important in making the determination of your eligibility.

You must provide a goal statement which includes your response to the questions below.

All applicants must reply to question 1 – 3 except Osborne applicants.

On a separate sheet of paper please respond to the following questions giving the committee a minimum of ½ page (12 point font, double spaced) per question:

1. Discuss your reasons for returning to school.
2. After graduation, what are your career plans? Have you researched the potential in this career?
3. Explain your financial need for a scholarship from the Women’s Center.

If applying for the Box Scholarship, please respond to questions 1 – 3 and questions 4 and 5.

4. How do you see coming back to school as a way to break the cycle of violence?
5. Have you ever volunteered at CAPSA or another domestic violence organization?

If applying for the Blue Sky Scholarship, please respond to questions 1 - 3 and question 6.

6. Briefly describe your area of emphasis and interest in visual arts.
(A portfolio is not required but may be helpful)

If applying for the Stephanie Osborne Scholarship, please respond to questions 2, 3, 7, and 8.

7. Discuss your interests and activities both at school and in the community. Be sure to include any leadership involvement in these organizations and/or activities.
8. Are you 24 years of age or less? Yes _____ No _____

RECIPIENT AGREEMENT FORM

As a recipient of a Women's Center Scholarship, I agree to:

- Write a thank you letter to express my appreciation to my donor as well as other donor communication as requested by the Women's Center. **Letter is due September 7, 2009.**
- Be involved in other activities for fund raising as requested by the Women's Center
- Attend Scholarship Reception in late August to meet donors (date to be announced)
- Volunteer a minimum of 10 hours for each semester that I receive a scholarship (volunteer opportunities list will be provided). **Forms for volunteer hours are due September 7, 2009.**
- Provide a photo for office use and possible publicity and/or fund raising projects by the Women's Center (brochures, website etc).
- Allow photos or video taken of me at Women's Center activities to be used for possible publicity and/or fund raising projects by the Women's Center (brochures, website etc). If this is not possible for personal reasons, please contact the WC office at 797-1728.
- Allow excerpts of my goal statement to be used anonymously for public relations and fund raising projects.
- Subscribe to the Reentry Student or Women's Center listserv(s) so that I am current on all information (deadlines, events, programs, etc.). I am responsible for keeping my email up to date with the office.

I understand and agree to the above statements. I agree to the terms and conditions of my individual scholarship requirements and will abide by them.

I understand that non-compliance with any of the above conditions may put my scholarship at risk.

Printed Name

Signature

Date

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

On a scale of 1 – 10 (1 – lacking, 10 – highly developed), please indicate your impression of the applicant.

Honesty/Integrity	1	2	3	4	5	6	7	8	9	10
Work Ethic	1	2	3	4	5	6	7	8	9	10
Scholastic Ability	1	2	3	4	5	6	7	8	9	10
Motivation	1	2	3	4	5	6	7	8	9	10
Enthusiasm	1	2	3	4	5	6	7	8	9	10
Reliability	1	2	3	4	5	6	7	8	9	10
Initiative	1	2	3	4	5	6	7	8	9	10

Please answer the following questions as thoroughly as possible.
If desired, additional information may be submitted.
THANK YOU for providing information which will help us make our decision

EVALUATION/RECOMMENDATION:

1. In your interaction with the applicant, what would you describe as her/his greatest strength?

2. In your interaction with the applicant, how would you describe her/his determination to return to school and complete a degree?

3. From your interaction with the applicant, what might you tell us about the individual's financial need?

4. Is there any additional information or input you feel is important about this applicant?

FINAL RECOMMENDATION

Would you select this applicant to receive scholastic funding for reentry to school?

(1 – Would NOT recommend

10 – Highly recommend)

1 2 3 4 5 6 7 8 9 10

SIGNATURE AND DATE

I certify the information provided on this recommendation is correct to the best of my knowledge and I authorize the release of this information to any person or institution involved in the awarding of the scholarships.

Signature _____ Date _____