



Women's

RESOURCE CENTER
OF SARASOTA COUNTY

EDUCATE. ENRICH. EMPOWER.™

340 S. Tuttle Avenue | Sarasota | (941) 366-1700 • 701 Center Road | Venice | (941) 485-9724

www.TheWomensResourceCenter.org

Scholarship Application for Academic Year 2015-16

Application Deadline: February 27, 2015

INFORMATION AND GUIDELINES:

The Women's Resource Center of Sarasota County, Inc. (WRCSC) is a not-for-profit organization whose mission is "creating personal, social, and professional growth opportunities for all women by providing women with strategies for living that strengthen themselves, their families, and their communities." We offer various education, supportive, networking, and referral services to the community. The purpose of a Women's Resource Center of Sarasota County Scholarship is to recognize, reward, and encourage female students who are pursuing a higher level of education to reach a realistic goal in preparation for employment and advancement in the community.

ELIGIBILITY REQUIREMENTS:

1. Must be female, 21 years of age or older and out of high school four or more years.
2. Must hold a high school diploma or a GED equivalent.
3. Must be a year-round resident of Sarasota County.
4. Must be accepted into her program of choice. Applicant may plan to attend a vocational, two-year or four-year institution pursuing an undergraduate degree or certification program.
5. Must have established financial need (finalists may be asked to submit relevant documentation and/or the Student Aid Report from FAFSA).
6. Must submit an official college transcript and/or an official acceptance letter from the college/vocational school.
7. Must submit two (2) letters of recommendation from an instructor, faculty member and/or employer.
DO NOT USE FAMILY MEMBERS or FRIENDS FOR REFERENCE LETTERS.

APPLICATION PROCESS:

The completed scholarship application must be postmarked by **February 27, 2015**, or you may hand-deliver the completed application **no later than 5:00 p.m. on February 27, 2015** to our Sarasota office location (address below; **special arrangements may be made to hand-deliver to our Venice office if necessary*). The application must be filled out in its entirety along and be turned in with accompanying materials at one time. The application must be signed and references must be provided in order for the Scholarship Review Committee to consider the application. Applications may not be faxed. If assistance is needed to complete the scholarship application packet, please plan to attend one of our scholarship workshops and/or essay writing (call for dates and times).

DETERMINATION OF AWARDS:

The number of scholarships awarded each year is determined by the availability of scholarship funds. The WRCSC Scholarship Committee members review all completed applications and make award recommendations to the WRCSC Board of Directors for approval. Recipients are selected on an objective and competitive basis considering academic and non-academic factors, plus the demonstrated financial need. A personal interview will be required in order to be considered for an award.

ANNOUNCEMENT AND PAYMENT OF AWARDS:

Applicants will be notified as to the status of their application by the end of April 2014. All scholarship awards will be presented at a ceremony to be held Sunday afternoon, May 17, 2015. **If a scholarship is awarded, attendance at the ceremony is expected.** Awards are to be used for tuition and books only. If a recipient does not attend school during the next academic term, the award will be returned to the WRCSC. Award may be used for summer sessions.

SCHOLARSHIP RENEWAL:

Recipients must re-apply each year for consideration of renewal of scholarship funds.

OFFICE LOCATIONS:

340 S. Tuttle Avenue, Sarasota FL 34237

*701 Center Road, Venice FL 34285

(*Special arrangements may be made to hand-deliver to our Venice office, if necessary.)

Phone: (941) 366-1700

Phone: (941) 485-9724



Applicant's Name: _____
First Middle Last

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ (_____) _____
Daytime Evening

E-mail: _____@_____

Age: _____ Date of Birth: ____/____/____

I am (check one): Single Married Separated Divorced Widowed Single Parent

Number of dependent children living at home: _____

Number of dependent children for whom you and/or your spouse provide support: _____

Are you currently supporting any children attending college or vocational school? Yes No

Do you live with your parents? Yes No

Employment

Current Employer (if applicable): _____

Address: _____ Phone: _____

Position: _____ Number of hours per week: _____

Name of spouse/partner: _____

Spouse/partner's Employer: _____

Address: _____ Phone: _____

Position: _____

RELATIONSHIP WITH WOMEN'S RESOURCE CENTER

Have you ever attended a Women's Resource Center Program: Yes _____ No _____

Which Program (s): _____

Have you ever received a Women's Resource Center of Sarasota County Scholarship? Yes No

If yes, please list the years: _____

Did you completely use that scholarship? Yes _____ or No _____



IV. PREVIOUS WORK EXPERIENCE: Please describe any prior paid work experience within the last five years. Current employment is listed on page one.

Position/Employer	Date From (mos./yr.)	Date To (mos./yr.)	Hours per Week

II. EDUCATIONAL BACKGROUND: Provide information about your educational background in the spaces below.

Please check all that apply: Some High School Completed High School Diploma/GED Received
 Associate's Degree Received Bachelor's Degree Received Vocational Certificate Received
 Completed some graduate course work Post Graduate/Master's Degree Received

Name of School	Years Attended	Year Graduated	Subjects Studied
High School			
College			
Trade / Business School			
Other			

III. COMMUNITY ACTIVITIES: Please detail extracurricular activities you have been involved in of which you believe are significant. This may include clubs, church activities, volunteer work, etc.

Activity/Organization	Years	Special Awards



VI. COLLEGE/SCHOOL INFORMATION: If you are currently attending college or a vocational school, please include your official transcript from last semester. If you are a beginning higher education student, please include a letter of acceptance into your chosen program of study from an approved educational facility.

College/School Choice: _____

Contact Name: _____ Phone No.: _____

Mailing Address: _____

City, State, Zip: _____

College/School Website: _____

My school of choice is a: 4-Year College/University Community College Vocational/Technical Institute

Other (*please specify*): _____

Intended Major/Vocational Choice: _____

Employment goals: Short Term: _____
Long Term: _____

Have you received an official acceptance letter? Yes No N/A Currently Enrolled (*Official transcript attached*)

If yes, into which program? _____ (*Acceptance letter attached*)

I will be enrolled in school: Less than half-time Half-time or just over half Full-time

Anticipated start date: _____

Anticipated graduation date: _____

Will you be able to receive financial support to attend college from family members? Yes No

Have you submitted an online FAFSA application? Yes No

If yes, please attach a copy of your Student Aid Report (SAR) as required.

If no, please explain why: _____



IX. CERTIFICATION: Applicant must read, initial, and sign below. Failure to do so will cause this application to be considered incomplete.

_____ I acknowledge that the information contained in this application is true and correct to the best of my
(Initials) knowledge and that I will inform the Scholarship Committee of the Women's Resource Center of Sarasota
County, Inc. of any changes that may occur to this information prior to the scholarship award ceremony.

Applicant's Signature _____ **Date** / / **2015**

Print Name _____

X. CHECKLIST FOR COMPLETE APPLICATION (please check off to reflect acknowledgement):

- **I am a female, age 21 or older, out of high school for 4+ years, hold a high school diploma or a GED equivalent, and I am a year-round Sarasota County resident.**
- **I have been accepted into my program of choice at a qualified educational facility and I am in need of financial assistance to pursue a higher level of education.**
- **I have enclosed an official transcript (current college students), *or* my college/vocational school acceptance letter (beginning students).**
- **I have completed and enclosed a copy of my 2014 FAFSA Student Aid Report (SAR).**
- **I have two reference letters that accompany the *completed* pages 8 & 9 of this scholarship application either (*check one*) · Enclosed —OR— · Mailed separately by the appraisers.**
- **I have completed and reviewed all the areas of this scholarship application.**
- **I have read, understand, initialed, and signed the certification above (section IX).**
- **I have mailed or hand-delivered by the deadline to the Sarasota or *Venice WRCSO office before 5:30 PM on Friday, 02/27/2015. (Faxed applications will *not* be accepted; if mailed, packages must be postmarked on or before 02/27/2015.) *Arrangements for Venice delivery required**

For further information, please contact:

Katy Yoder, Scholarship Coordinator
at the Women's Resource Center of Sarasota County, Inc.
via telephone **(941) 366-1700** or e-mail:

kyoder@thewomensresourcecenter.org

Please return *completed applications* to the Sarasota office only:
340 S. Tuttle Avenue, Sarasota, FL 34237

(unless special arrangements are made with Katy Yoder for a Venice office delivery)

If you are mailing your application, please be careful to apply the CORRECT amount of postage.
Failure to do so will result in your application and its attachments being returned to you. Thank you!

Women's Resource Center of Sarasota County, Inc.'s Use Only

This application has been reviewed for completeness and eligibility requirements by:

Initials: _____ Complete: Yes No Eligible: Yes No
Date: / / 2015 Comments:



REFERENCE/APPRaisal #1: Please complete the personal information below, then give this form to someone **who knows you well** to fill out this portion of the application. This can be a recent teacher, your school advisor, counselor, employer, minister, etc. A friend, family member, or neighbor is *not* an appropriate reference. ***This scholarship application will not be considered unless this portion is complete.***

Name of Applicant: _____
Address: _____
_____ Phone: _____
Social Security Number: _____ / _____ / _____

TO THE REFERENCE/APPRaiser:

You have been asked to provide information in support of this scholarship applicant. Please give serious attention to the following statements, circling the appropriate evaluation, and attach a reference letter to this form. **When completed, please return this page and reference letter to the address below, or directly to the applicant, so they may submit a completed application package by the deadline on 02/27/2015.**

The applicant's choice of a post-secondary education program is:	Extremely appropriate	Very appropriate	Moderately appropriate	Inappropriate
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The applicant's achievements reflect her ability:	Extremely well	Very well	Moderately well	Not well
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The applicant's ability to set realistic and attainable goals is:	Excellent	Good	Fair	Poor
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The quality of the applicant's commitment to school and community is:	Excellent	Good	Fair	Poor
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The applicant demonstrates good problem-solving skills, follow-through, and task completion:	Extremely well	Very well	Moderately well	Not well
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I know the applicant:	Extremely well	Very well	Moderately well	Not well
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My relationship to the applicant is: _____

Comments: _____

Reference/Appraiser's Full Printed Name

Reference/Appraiser's Signature

Telephone Number

Women's Resource Center of Sarasota County, Inc.
ATTN: Katy Yoder, Employment Solutions Program
340 S. Tuttle Avenue, Sarasota, Florida 34237



REFERENCE/APPRaisal #2: Please complete the personal information below, then give this form to someone **who knows you well** to fill out this portion of the application. This can be a recent teacher, your school advisor, counselor, employer, minister, etc. A friend, family member, or neighbor is *not* an appropriate reference. ***This scholarship application will not be considered unless this portion is complete.***

Name of Applicant: _____
Address: _____
_____ Phone: _____
Social Security Number: _____ / _____ / _____

TO THE REFERENCE/APPRaiser:

You have been asked to provide information in support of this scholarship applicant. Please give serious attention to the following statements, circling the appropriate evaluation, and attach a reference letter to this form. **When completed, please return this page and reference letter to the address below, or directly to the applicant, so they may submit a completed application package by the deadline on 02/27/2015.**

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The applicant's achievements reflect her ability:	Extremely well	Very well	Moderately well	Not well
The applicant's ability to set realistic and attainable goals is:	Excellent	Good	Fair	Poor
The quality of the applicant's commitment to school and community is:	Excellent	Good	Fair	Poor
The applicant demonstrates good problem-solving skills, follow-through, and task completion:	Extremely well	Very well	Moderately well	Not well
I know the applicant:	Extremely well	Very well	Moderately well	Not well
My relationship to the applicant is: _____				
Comments: _____				

Reference/Appraiser's Full Printed Name

Reference/Appraiser's Signature

Telephone Number

Women's Resource Center of Sarasota County, Inc.
ATTN: Katy Yoder, Employment Solutions Program
340 S. Tuttle Avenue, Sarasota, Florida 34237