WOMEN'S OPPORTUNITY SCHOLARSHIP FUND
2013 APPLICATION

PART I

NAME: _____ BIRTHDATE: _____

STREET ADDRESS: _____ SOC. SECURITY #: _____

CITY: _____ ZIP: _____ PHONE: _____

Did you apply for this scholarship previously? Yes No If yes, did you receive scholarship funds from us? Yes No

If yes, how much? $_____What year? _____Amount? _____Year? _____ Amount? _____ Year? _____

PLEASE COMPLETE THE FOLLOWING:

1. What is the name of the college or university which you plan to attend? _____
2. Where is it located? _____
   NOTE: You are required to enclose a letter of acceptance from the school of your choice, if at all possible. If one is not available, please explain.
3. What is your field of study? _____
4. What is your expected degree or certification? (I.e. BA, BS, Associate, LPN, etc.) _____
5. What year will you begin in the fall: (Please circle) 1 2 3 4 5 6
6. What is your anticipated date of graduation? _____
7. Circle the range of family income that applies to you (125% of poverty).
   NOTE: Incomes somewhat over these guidelines will be considered.

MAXIMUM GROSS INCOME LEVEL: YEAR 2012

Household Size	1	2	3	4	5	6	7	8
Annual Income	$14,363	$19,388	$24,413	$29,438	$34,463	$39,488	$44,513	$49,238

(Add $5,025 for each additional member in households with more than eight. Effective Jan., 2013)

NOTE: Attach a copy of your 2012 tax return as proof of financial eligibility or explain why one is not available.

8. **REFERENCES** WILL PLAY A CRUCIAL PART IN THE SELECTION PROCESS: Please list the names, addresses, and phone numbers of three people whom you have asked to fill out the enclosed reference forms. **NOTE**: The reference forms are to be sent **DIRECTLY to CAWS North Dakota.** Do not use relatives or friends as references.

1) NAME: _____

ADDRESS: _____

_____

☎: _____

2) NAME: _____

ADDRESS: _____

_____

☎: _____

3) NAME: _____

ADDRESS: _____

_____

☎: _____

We would prefer that you use references who have known you for at least two years. We request both personal and professional references. Instructors obviously may have known you for a shorter period of time, but are very acceptable references.

Note: Financial information is essential to your application. Please fill out accurately and completely.

FINANCIAL ESTIMATES FOR SCHOOL YEAR: 2013-2014

INSTRUCTIONS: NAME: _____

1. If you give this form to a Financial Aid Officer, please recognize that she or he will only be able to complete the sections on Tuition, fees, books, and some financial aid.
2. For Section A, please include **ALL** people who contribute financially to your home.
3. For Section B, please include **ALL** people living in your home for whom **YOU** are financially responsible.
4. Before completing this page, please refer to sample on following page.

Current Savings $_____

Do you receive WIC? _____Yes _____No

Do you receive Housing Assistance? _____Yes _____No

SECTION 1 – INCOME

SECTION 1A: Loan and Scholarship Income

Note: If you are not familiar with these grants/loans, please consult with your financial aid officer.

	I. PER SEMESTER OR QUARTER	X	II. # OF SEMESTERS OR QUARTERS	=	III. ESTIMATE FOR SCHOOL YEAR
State Incent. Grant	$_____	(times)	_____	(equals)	$_____
SEOG	_____		_____		_____
Pell Grant	_____		_____		_____
Other Scholarships	_____		_____		_____
Perkins	_____		_____		_____
Stafford (GSL)	_____		_____		_____
Other Loans	_____		_____		_____
Other Financial Aid	_____		_____		_____
			SUBTOTAL - (SECTION 1A)		**$_____**

SECTION 1B: Job, Assistance and Other Income

	PER MONTH	X	# OF MONTHS **IN SCHOOL YR**.	=	ESTIMATE FOR SCHOOL YEAR
Job Income (by sources) _____	$_____	(times)	_____	(equals)	$_____
_____	_____		_____		_____
Social Sec., Disability	_____		_____		_____
Veterans Administration	_____		_____		_____
Child Support	_____		_____		_____
TANF	_____		_____		_____
Food Stamps	_____		_____		_____
Other Resources (i.e. divorce settlement) _____	_____		_____		_____
_____	_____		_____		_____
			SUBTOTAL (SECTION 1B)		**$_____**

TOTAL SECTION 1 - INCOME **(Add subtotal of Section 1A and subtotal of Section 1B)** **$_____**

SECTION 2 - EXPENSES

SECTION 2A: SCHOOL EXPENSES

	I. PER SEMESTER OR QUARTER	X	II. # OF SEMESTERS OR QUARTERS	=	III. ESTIMATE FOR SCHOOL YEAR
Tuition	$_____	(times)	_____	(equals)	$_____
Fees	_____		_____		_____
Books	_____		_____		_____
School Supplies	_____		_____		_____
			SUBTOTAL (SECTION 2A)		**$_____**

SECTION 2B: LIVING EXPENSES
Note: Please be realistic in your estimates

	PER MONTH	X	# OF MONTHS **IN SCHOOL YEAR**	=	ESTIMATE FOR SCHOOL YEAR
Rent/Mortgage (only amount you pay)	$_____	(times)	_____	(equals)	$_____
Utilities	_____		_____		_____
Food (food stamps + cash)	_____		_____		_____
Household Supplies	_____		_____		_____
Clothing (yourself)	_____		_____		_____
(Children)	_____		_____		_____
(Other household members)	_____		_____		_____
Personal Expenses	_____		_____		_____
Transportation (car/bus)	_____		_____		_____
Recreation	_____		_____		_____
Insurance: Health	_____		_____		_____
Other	_____		_____		_____
Child Care	_____		_____		_____
Medical, Dental	_____		_____		_____
Other _____	_____		_____		_____
			SUBTOTAL (SECTION 2B)		**$_____**

TOTAL SECTION 2 – EXPENSES **(Add subtotal of Section 2A and subtotal of Section 2B)** $_____

SECTION C: FIGURING ANTICIPATED NEED

Note: The anticipated need amount will be used to determine the level of your award. Make sure it reflects what you will need to continue your education.

EXPENSES (TOTAL SECTION 2)	**minus**	**INCOME** (TOTAL SECTION 1)	**equals**	**ANTICIPATED NEED**
$_____	(-)	$_____	(=)	$_____

PART II

A. MOTIVATIONAL AND FUTURE PLANS ESSAY *(Please use additional sheets)*

*** Note: This section is weighted heavily in the process. Please take the time to write a thoughtful, well-written essay.**

Write an essay of 500 to 1,500 words in which you describe

a) Your motivation for pursuing a college education and

b) Your plans for the future as clearly as you are able to determine them at this time.

(Include academic, career or job goals you may have set for yourself.)

B. SPECIAL CIRCUMSTANCES

1. Are you currently or will you be receiving TANF or Disability Income? _____No _____Yes (If yes, Please explain) _____
_____

2. Is anyone in your immediate family disabled? _____No _____Yes (If yes, please Explain.)_____
_____

3. Are you a single parent with dependent children? ____No ____ Yes (If yes, please give information on children--i.e. age, sex, etc.) _____
_____
_____

4. Do you have special child care needs which are not covered by TANF or other arrangements? ____ No ____ Yes (If yes, please explain.) _____
_____
_____

5. Does anyone in your family have exceptional medical needs? ____ No _____ Yes (If yes, please Explain.) _____
_____

6. Would you consider yourself a displaced homemaker? (Have you spent most of your adult life primarily? Caring for children and/or a partner or parent and are now attempting to re-enter the work force?)

   _____ No _____Yes (If yes, please explain.) _____
_____

7. Are you a survivor of abuse or sexual assault? _____ No _____ Yes (If yes, please explain.)
_____
_____
_____

8. Are you an older than average student? (Over 30) _____ No _____ Yes

9. Are there any other special circumstances you feel should be considered? _____ No _____ Yes

   (If yes, please explain.)_____
_____
_____
_____

PART II – (Continued)

NAME: _____

SAMPLE RESPONSE:

	PER SEMESTER OR QUARTER	X	#OF SEM. OR QUARTERS	=	ESTIMATE FOR SCHOOL YEAR
Stafford Loan	$ 500 (Stafford Loan is $500 for one semester)		2 (there are 2 semesters in the school yr.)		$ 1,000 ($500 times 2 equals $1,000)
	PER MONTH	X	# MONTH IN SCHOOL YEAR		ESTIMATE FOR SCHOOL YEAR
Rent	$ 250 (Rent is $250 for one month)		9 (There are 9 months in the School year)		$ 2,250 ($250 times 9 equals $2,250)

I. IF YOU RECEIVE NO FUNDING FROM THE FOLLOWING SOURCES, PLEASE BRIEFLY EXPLAIN WHY: *(if you have any questions talk to your schools financial aid office)*

SEOG (Supplemental Educational Opportunity Grant) _____

PELL GRANT _____

PERKINS LOAN _____

STAFFORD LOAN _____

II. IF YOUR NEED IS FAR BEYOND WHAT YOU PROJECT AS YOUR RESOURCES (OVER $1,000), PLEASE INDICATE IN THE SPACE PROVIDED HOW YOU INTEND TO GET THE ADDITIONAL MONEY TO ENABLE YOU TO ATTEND SCHOOL. _____

_____

_____

_____

_____

_____

_____

PART III

APPLICATION INFORMATION

STATEMENT OF INTENT:

The North Dakota Women's Opportunity Scholarship Fund is intended to provide a means by which low income women in North Dakota can pursue higher education in North Dakota Schools. The donation of Scholarship Funds was made with the specific intention of providing financial assistance to women who may not have access to support from other sources, thereby broadening their educational and career options, and providing a base for a more satisfying life both economically and intellectually.

ELIGIBILITY REQUIREMENTS: To be eligible the applicant is expected to:

A. Be a North Dakota resident and plan to enroll in a college, university, or certification program in North Dakota.

B. Be eligible under the financial guidelines established for 125% of poverty. If filed, a copy of a 2012 tax return must be attached. NOTE: Applicants slightly over these guidelines may be considered.

C. Complete an application form in an accurate and timely manner.

D. Enclose a letter of acceptance from the school in which you are enrolled.

E. Intend to enroll as a full time student (12 hours or whatever college requires) in the fall, 2013 term.

F. Intend to enroll in a program leading to an undergraduate academic degree, or professional certification.

G. Maintain the grade point average necessary to stay in the school or career program indicated.

H. Priority will be given to FIRST TIME STUDENTS or CURRENT STUDENTS IN SPECIAL CIRCUMSTANCES which may prevent them from completing a pending degree or program. Reapplication is welcomed.

I. Priority will be given to applicants who for whatever reason may not be eligible for sources of funding normally available to low income applicants.

APPLICATION PROCEDURES:

1. Application forms may be requested from:
   CAWS North Dakota
   252 North 4th Street
   Bismarck, ND 58501
   PH: 701-255-6240 or 1-888-255-6240
   - **Application kits will be mailed in mid-March**

2. Completed applications must be returned to the Review Committee by June 15, 2013.

3. Applicants will be notified of scholarship awards by August 12, 2013.

4. Scholarship funds will be distributed by August 23, 2013.

PART III (continued)

SELECTION:

1. A Review Committee consisting of three to six members CAWS North Dakota will consider and screen all applications.

2. Staff of the Coalition Office of CAWSND will provide assistance to the Review Committee.

3. Final decisions of the Committee will be based on responses to application questions, recommendations of references, and an overall assessment of the potential of the applicant to achieve her academic and career goals.

NOTE: Renewal of scholarship grants for subsequent years will be considered on a case by case basis. It is our primary intent to provide support in such a way that recipients are enabled to achieve long range as well short term goals.

C H E C K L I S T

Have You COMPLETED and ENCLOSED the Following?

A. All parts of the application form, accurately completed, including
   - ❑ Financial Estimates Chart;
   - ❑ Motivational and Future Plans Essay; and
   - ❑ The names of three references.

B. A copy of your 2012 tax return, or an explanation of why one is not available.

C. A letter of acceptance from the college in which you are enrolled.

ALSO:

D. Have you contacted your three references and requested that they submit a reference form directly to the CAWS North Dakota office?

NOTE: ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.

RETURN APPLICATION TO:

SCHOLARSHIP REVIEW COMMITTEE
CAWS North Dakota
525 North 4th Street
Bismarck, ND 58501

NORTH DAKOTA WOMEN'S OPPORTUNITY SCHOLARSHIP FUND
RECOMMENDATION FOR ASSISTANCE

APPLICANT'S NAME: _____

***** DEADLINE: JUNE 15, 2013 *****

NOTE: It is the intent of the Women's Opportunity Scholarship Fund to assist low income women without other means of pursuing a college education to do so. We ask your assistance in helping us select candidates with a good chance of succeeding in reaching this goal in spite of life situations and financial conditions that have been difficult and perhaps even overwhelming. Thank you for your time and insight. All information on this form will be kept confidential.

1) HOW LONG, IN WHAT CONNECTION, AND HOW WELL HAVE YOU KNOWN THE APPLICANT?

2) PLEASE GIVE YOUR CANDID EVALUATION OF THIS APPLICANT, PARTICULARLY OBSERVATIONS BEARING UPON HER ACADEMIC PROMISE. *(I.e. especially her ability to complete her chosen course of study).*

I would recommend her without reservation _____

I would recommend her with some reservation _____

I would be hesitant about recommending her _____

Return this form directly to:

SCHOLARSHIP REVIEW COMMITTEE
CAWS North Dakota
525 North 4th Street
Bismarck, ND 58501

If you have any questions please call
701-255-6240 or 1-888-255-6240

_____
Signature

Date: _____☎_____

Address_____

City: _____State: ____

Zip Code: _____

NORTH DAKOTA WOMEN'S OPPORTUNITY SCHOLARSHIP FUND
RECOMMENDATION FOR ASSISTANCE

APPLICANT'S NAME: _____

***** DEADLINE: JUNE 15, 2013 *****

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CAWS North Dakota
525 North 4th Street
Bismarck, ND 58501

If you have any questions please call
701-255-6240 or 1-888-255-6240

_____
Signature

Date: _____☎_____

Address_____

City: _____State: ____

Zip Code: _____

NORTH DAKOTA WOMEN'S OPPORTUNITY SCHOLARSHIP FUND
RECOMMENDATION FOR ASSISTANCE

APPLICANT'S NAME: _____

***** DEADLINE: JUNE 15, 2013 *****

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525 North 4th Street
Bismarck, ND 58501

If you have questions please call
701- 255-6240 or 1-888-255-6240

_____
Signature

Date: _____☎_____

Address_____

City: _____State: ____

Zip Code: _____