

2017 SCHOLARSHIP APPLICATION

The Niagara Frontier Chapter of New York State Women, Inc. is offering three scholarships of \$1,000.00 each directed to non-traditional college women who are seeking career advancement through furthering their education. The scholarship is designed to help individuals enrolled in an undergraduate or graduate program of study that will lead to the acquisition of knowledge and skills required for their professional development. As a women's organization, we wish to assist adult women who have no other opportunity to obtain financial assistance. This is **not** a scholarship for high school seniors.

ELIGIBILITY REQUIREMENTS:

1. Applicant must have resided in Niagara or Erie County for the past 5 years.
2. Applicant must show proof of acceptance or enrollment in a matriculated program of study at an accredited college or university.
3. Applicant must demonstrate need for financial assistance.
4. Each application must be accompanied by a maximum 250 word essay stating future goals as outlined in the application.
5. A transcript of school records must accompany the application.
6. The applicant is responsible for providing two references using the forms supplied in the application packet. References should address the applicant's academic ability or work ethic and must be sent directly to the Scholarship Chair and **postmarked no later than April 21, 2017.**
7. Applicant should be prepared for a personal interview with the Scholarship Committee, which will be held in early May. Qualified applicants will be notified by mail of the date and time of their interview.
8. The actual awards will be presented at the Scholarship Dinner Meeting on Tuesday, June 27, 2017 at Pane's Restaurant, 984 Payne Avenue, North Tonawanda.
9. This scholarship is to be used for tuition only. The check will be issued to the college/university directly. If tuition has been met for the present semester, the award will be put toward the student's account for the following semester tuition.
10. All applicants will be judged upon merit and financial need alone. All applicants will compete at the same level.
11. **All** requirements must be met or application will be disqualified.

Applications are available at the **Public Libraries of the cities of Tonawanda, North Tonawanda and Niagara Falls**, at college Financial Aid Offices, or on our website: www.niagarafreontierNYSW.org and click on the link [Scholarships]

Niagara Frontier Chapter, NY State Women, Inc.
Carol Golyski, Scholarship Chair
536 Fairmont Avenue, North Tonawanda, NY 14120
Phone: 716-694-4386 E-mail: Carolyski@RoadRunner.com

2017 SCHOLARSHIP APPLICATION

All applicants must use the forms provided.

Please Print

Part 1. Personal Information

Name: _____

Address: _____ City/State/Zip _____

Length of residence _____

Phone Number: _____ Cell Phone: _____ Date of Birth: _____

E-mail Address _____

Part 2. Academic Information

High School Attended: _____ Year of Graduation: _____

College/University to which this scholarship will be applied _____

Degree _____ Major _____

Date of enrollment _____ Anticipated date of graduation _____

Career Goal _____

Part 3. Financial Information

This information will be kept strictly confidential. This portion must be fully answered in order for the application to be considered.

Employment: _____

Position _____ Hours per week _____

Estimated education costs per semester

Tuition: \$ _____ Housing: \$ _____ Fees: \$ _____

Amount of financial assistance from parents/spouse/family/significant other \$ _____

Amount received in scholarships at the present time \$ _____

Please list scholarships, including scholarship amount per semester, and year scholarship awarded:

List additional financial support received

Describe your plans to meet your college expenses

Part 4. Personal Statement

On a separate sheet, please compose a 250 word maximum essay describing your future goals, the reason you have chosen them, and how you intend to reach them. Please include your name on the essay.

Part 5. References

I have received permission from the following two individuals to provide a reference for me. These individuals can attest to either my academic abilities or my work ethic. The Authorization to Release Information portion **must** be signed by the applicant for both references.

1. _____

2. _____

Part 6. Verification Statement

To the best of my knowledge, the above information is correct.

Applicant's signature: _____ Date: _____

COMPLETED APPLICATIONS MUST BE POSTMARKED BY APRIL 21, 2017 AND SENT TO:

**Niagara Frontier Chapter, NY State Women, Inc.
Carol Golyski, Scholarship Chair
536 Fairmont Avenue
North Tonawanda, NY 14120**

Phone: 716-694-4386

E-mail: Carolyski@RoadRunner.com



**NIAGARA FRONTIER CHAPTER, NEW YORK STATE WOMEN, INC.
2017 SCHOLARSHIP AWARD**

REFERENCE FORM #1

Part 1. To be completed by the applicant

Authorization to Release Information

In accordance with the Family Education and Rights Privacy Act (FERPA) of 1974, I give permission to release information regarding my grades and academic performance. I waive my right to review this reference.

Signature of applicant _____ Date _____

Part 2. To be completed by the recommender

One of our scholarship applicants has selected you as a reference. Please complete the following form and return by **April 21, 2017** to:

**Carol Golyski, Niagara Frontier Chapter Scholarship Chair
536 Fairmont Avenue, North Tonawanda, NY 14120
716-694-4386 Email: Carolyski@RoadRunner.com**

Confidentiality: All information herewith shall be held in strictest confidence and all information pertaining to any and all candidates will be destroyed.

Disclaimer: There is no intention on the part of the Niagara Frontier Chapter, New York State Women, Inc. that this process be in conflict with any State or Federal law.

(Please type or print)

Name of Applicant: _____

Name of recommender, title and place of employment: _____

Your relationship to applicant (i.e. employer, teacher, guidance counselor, friend, etc): _____

Did candidate ask permission to use you as a reference before she presented you with this form? _____

How long have you known applicant? _____

Do you know the applicant: a. slightly b. fairly well c. very well **(circle one)**

Do you know the family of the applicant? _____

If so, in what capacity? _____

What career does the applicant hope to pursue? _____

You may use a separate sheet of paper to complete the following:

A. Responsibility (Ex. reliable, conscientious)

Comments _____

B. Concern for others

Comments _____

C. Integrity

Comments _____

D. Emotional stability

Comments _____

E. Career Potential

Give a brief general impression of this applicant, particularly in relation to her future career.

Comments _____

Indicate any areas where you believe this individual might run into difficulties. Explain your concerns.

Comments _____

F. Interpersonal Relationships

Indicate the type of relationship this applicant has with her family.

Comments _____

Indicate the type of relationship this applicant has with her peers, faculty, supervisors or co-workers.

Comments _____

We sincerely hope that your honesty and objectivity will help our scholarship committee to make a fair and worthwhile decision. Thank you for your cooperation.

Your Name (please print) _____

Date _____

Your Signature: _____

*This form and completed application must be postmarked by **April 21, 2017**
for this student's application to be considered*



NIAGARA FRONTIER CHAPTER, NEW YORK STATE WOMEN, INC.
2017 SCHOLARSHIP AWARD

REFERENCE FORM #2

Part 1. To be completed by the applicant

Authorization to Release Information

In accordance with the Family Education and Rights Privacy Act (FERPA) of 1974, I give permission to release information regarding my grades and academic performance. I waive my right to review this reference.

Signature of applicant _____ Date _____

Part 2. To be completed by the recommender

One of our scholarship applicants has selected you as a reference. Please complete the following form and return by April 21, 2017 to:

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536 Fairmont Avenue, North Tonawanda, NY 14120
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Confidentiality: All information herewith shall be held in strictest confidence and all information pertaining to any and all candidates will be destroyed.

Disclaimer: There is no intention on the part of the Niagara Frontier Chapter, New York State Women, Inc. that this process be in conflict with any State or Federal law.

(Please type or print)

Name of Applicant: _____

Name of recommender, title and place of employment: _____

Your relationship to applicant (i.e. employer, teacher, guidance counselor, friend, etc): _____

Did candidate ask permission to use you as a reference before she presented you with this form? _____

How long have you known applicant? _____

Do you know the applicant: a. slightly b. fairly well c. very well (circle one)

Do you know the family of the applicant? _____

If so, in what capacity? _____

What career does the applicant hope to pursue? _____

You may use a separate sheet of paper to complete the following:

A. Responsibility (Ex. reliable, conscientious)

Comments _____

B. Concern for others

Comments _____

C. Integrity

Comments _____

D. Emotional stability

Comments _____

E. Career Potential

Give a brief general impression of this applicant, particularly in relation to her future career.

Comments _____

Indicate any areas where you believe this individual might run into difficulties. Explain your concerns.

Comments _____

F. Interpersonal Relationships

Indicate the type of relationship this applicant has with her family.

Comments _____

Indicate the type of relationship this applicant has with her peers, faculty, supervisors or co-workers.

Comments _____

We sincerely hope that your honesty and objectivity will help our scholarship committee to make a fair and worthwhile decision. Thank you for your cooperation.

Your Name (please print) _____ Date _____

Your Signature: _____

*This form and completed application must be postmarked by **April 21, 2017**
for this student's application to be considered*