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2727 N. Grandview Blvd., Suite 301, Waukesha, WI 53188

262.875.3126 • contact@wgfwaukeshacounty.org

*www.wgfwaukeshacounty.org*

***Established to help women achieve their educational goals.***

**2021 Scholarship Application Form**

**I am applying for the: *(please check one)***

🞏 New Hope Scholarship 🞏 New Hope Technical Scholarship

**Please type or print.**

**School Information:**

***Please Note: If you have already earned a degree, you are not eligible to apply for the New Hope Scholarship.***

**School you have been accepted to: **

**How many credits will you be taking? **

**Class Standing (Freshman, Sophomore, Junior, Senior): **

**Program/Major: **

**Personal Information:**

**First Name:  Middle:  Last Name: **

**Home Address: **

**City:  State:  Zip: **

**Phone:  E-mail: **

**Birthday:  Student ID: **

🞏 **I am a single or legally divorced parent or guardian to a child(ren) or caregiver to a sick family member or elderly parent(s).**

🞏 **I am a woman returning to school:** *25 years or older pursing post-secondary education for the first time or re-entering school*

 **Number of children and ages: **

**Employer:  Direct Supervisor’s Name: **

**Direct Supervisor’s Phone Number:  Length of employment: **

*Continued on next page.*

**School Information (continued):**

***If applicable:***

**Total Credits to Date:  Expected Graduation Date: **

**Cumulative GPA:  GPA Last Semester: **

|  |
| --- |
| **How did you learn about the New Hope Scholarship Fund?** |

**Additional Information Requested:**

## Personal Background and Education Goals

## Please describe yourself and your education goals. Describe a challenge you’ve overcome; indicate why receiving this scholarship would be helpful and how a post-secondary degree will provide new hope for you and your family. Share any special circumstances you would like the Selection Committee to consider.

## (No more than 2 pages.)

* **Community Service**

Please describe your community service and interest in issues important to women. Feel free to share a list of organizations, clubs etc. (present and/or past; volunteer or otherwise) you’ve been involved with or supported.

(No more than 1 page.)

* **Recommendations**

Please submit two recommendations from faculty/staff members, employer, supervisor, or community organization contact supporting your application. *E-mailed recommendations must be sent to the Women and Girls Fund directly from the recommender.*

* **Transcripts**

Please include a copy of your transcript (if applicable). (An unofficial version is acceptable.)

**Applicant’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If submitting electronically, by typing your name above, it serves as an electronic signature.*

All application materials must be submitted to the Women and Girls Fund of Waukesha County office

**no later than 4:00 pm, Monday, March 1, 2021**. Late or incomplete applications will not be reviewed. *If the application is emailed, it must be date/time stamped by 4:00 pm on March 1, 2021.*

**Women and Girls Fund of Waukesha County**

**New Hope Scholarship Fund**

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