



CONNECTIONS | CAREERS | COMMUNITY

**Adult Students in Scholastic
Transition
(ASIST)
Scholarship Program**

**Reaching out to Communities
Through Education**

ewiconnect.com

Please contact the EWI Corporate Office
at 801.355.2800 for instructions on submitting application.

Revised 3/2009

**EXECUTIVE WOMEN INTERNATIONAL
ADULT STUDENTS IN SCHOLASTIC
TRANSITION
(ASIST)
SCHOLARSHIP PROGRAM**

PROGRAM DESCRIPTION

The Adult Students in Scholastic Transition (ASIST) Scholarship is a non-discriminatory, educational scholarship program for the benefit of non-traditional students. These include persons who are past high school age and who are entering a college, university, or trade schools and/or the workforce for the first time, non-traditional students already enrolled in a college/university or trade program, are re-training due to changes in the workplace, or who otherwise are not the traditional college or trade school student, recently finished with high school.

The ASIST Scholarship Program helps provide financial support to adult students in a variety of transitional situations. The goal of the ASIST Program is to enable recipients to improve their self-esteem and to have a positive impact on the recipient's personal life, employment, family, and community.

In addition to the Chapter ASIST awards, there are twelve Corporate awards of \$2,500 (payable in USD) given annually. Corporate candidates are selected from Chapter winners.

Awards are provided for the recipients' education and related expenses to aid them in obtaining the necessary educational skills to help achieve career goals and objectives. Related expenses include tuition, books and mandatory fees from schools (such as lab fees), and child care. Not included are such things as rent, utility payments, travel expense, or repayment of student loans. Checks for Chapter and Corporate scholarship awards are paid directly to the respective college or university. Scholarship awards are valid for two years from date granted. Unclaimed awards will be returned to the Chapter or Corporate B/C/DP accounts for redistribution.

Selection criteria includes, but is not limited to, the following:

- Financial need
- Socially, physically and economically challenged adults
- Responsible for small children

Applicants must meet the following eligibility requirements:

- Clearly define career goals and objectives
- Specify the educational requirements to attain the above goals and objectives
- Utilize re-entry programs available through colleges/universities, community agencies and service groups or career professionals
- 18 years of age or older
- Applicant must be residing in boundaries of the EWI Chapter to which application is submitted.

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EWI ASIST SCHOLARSHIP APPLICATION INSTRUCTIONS/CHECKLIST

It is very important that this packet of materials be completed as thoroughly and as quickly as possible in order to meet the deadlines established by the Chapter. Be concise, yet thorough, when answering all questions. Type your responses or print legibly in black ink. All financial information provided will remain confidential.

Submission Checklist:

- Complete all required sections entirely and accurately. Incomplete applications will not be considered.
- Be sure to sign the application where indicated.
- Include copy of most recent federal or state tax return and W-2 Form.
 - If applicable, include a copy of application for:
 - Student aid (federal financial aid form)
 - Other scholarships
 - Government grants
 - Government loans
 - Government aid (food stamps, rent/housing subsidy, etc.)
 - Unemployment benefits, or
 - Other financial assistance
- Use the enclosed Personal Recommendation Form (form may be copied) to obtain **two** letters of recommendation from individuals knowledgeable enough about you both academically and personally to provide insight into your personal characteristics, abilities, achievements, motivation and potential. **One** of the evaluations **must be from an employer, teacher, guidance counselor or other school official.** The second **must be from someone with whom you have worked on a community or volunteer service activity, through religious affiliation or personal acquaintance.** Before you decide on your evaluations, read the Personal Recommendation Sections carefully to help you understand the type of information required. When you make the request of your evaluators, be sure they feel comfortable about completing the form.
- Obtain an Official transcript of grades from educational provider or ACT scores.

COMPLETED APPLICATION SHOULD BE RETURNED TO:

Executive Women International

Chapter: DENVER
Chair: Diana Steverson
Meritage Funds
1600 Wynkoop Street, Suite 300
Denver, CO 80202
Phone: 303-352-2047
Fax: 303-352-2050
E-mail: dsteverson@meritagefunds.com

DEADLINE DATE FOR SUBMISSION: April 30, 2010

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Application

Date: _____ Birth Date: _____

Name: _____ Home Phone Number: _____

Address: _____ Work/Cell Phone Number: _____

_____ Marital Status: _____
(Single / Divorced / Widowed / Married / Separated)

City/State/Province/Zip _____

List Dependent(s) (If different from your tax return, please explain)

| Name | Ages | Relationship to Applicant |
|------|------|---------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

WORK HISTORY

| Employer | Description of Position | Employment Dates To / From | Hours per Week |
|----------|-------------------------|-------------------------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

EDUCATION (list major if college graduate)

| Name of School | Course of Study | Dates Attended | Graduated (Yes/No) |
|----------------|-----------------|----------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

School Currently Attending

Name _____ Address _____

City/State/Province/ Zip _____ Full or Part-Time Student? _____

Total Credits Earned: _____ Remaining Credits Needed to Graduate: _____

Planned Graduation Date: _____ Major/Minor: _____

NOTE: Please provide an Official Transcript of Grades from educational facility currently attending.

If you are not currently enrolled in school, please provide your ACT scores.

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Application

INCOME/FINANCIAL DATA

Please provide the following documents:

- Copy of any student aid application (if applying for)
- List with amounts or any grants or aid you receive
- Copy of your most recent tax return and W-2 Form

MONTHLY INCOME

| | |
|--|-----------|
| Total Monthly HOUSEHOLD Income | \$ |
| Total Monthly INDIVIDUAL Income | |
| Employment Salary | |
| Alimony/Allowance | |
| Child Support | |
| Government Assistance (food stamps, rent/housing subsidy, other _____) | |
| Veteran Benefits | |
| Unemployment / Social Security | |
| Interest Income/Dividends | |
| Student Loan, Scholarships and Grants | |
| Other | |
| TOTAL INCOME | \$ |

MONTHLY EXPENSES

| Rent/Mortgage (specify which) | \$ | <u>Current School Expenses</u> | <u>Per Semester</u> |
|---|-----------|----------------------------------|---------------------|
| Telephone | | Tuition | |
| Utilities (gas, electricity, water, sewage, etc.) | | Books | |
| Food | | Transportation | |
| Clothing | | Other | |
| Medical/Dental | | TOTAL SCHOOL EXPENSES | \$ |
| Credit Card Payments | | | |
| Insurance (life, home, medical, etc.) | | | |
| Child Support/ Alimony | | <u>Projected School Expenses</u> | <u>Per Semester</u> |
| Day Care or School | | Tuition | |
| Car Payments | | Books | |
| Car Insurance | | Transportation | |
| Car Maintenance / Gas | | Other | |
| Other Household Expenses (specify) | | TOTAL SCHOOL EXPENSES | \$ |
| | | | |
| TOTAL EXPENSES | \$ | | |

Total Educational Funds requested for year 20__ \$ _____

Are you the recipient of any other scholarships? List amounts and names of scholarships.

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ESSAY (attach additional pages as needed)

Your essay must (1) describe what your life's goals and objectives are and how obtaining additional education or a college degree will further these goals and objectives, and (2) explain what qualifies you for this scholarship.

Please limit your essay to 750 words.

By signing this application, I verify the above information to be true and correct and authorize the use and disclosure of such information to members, officers, employees and agents of EWI. In addition, I consent for all purposes to the sale, reproduction and/or use of photographs and voice recordings by EWI, including any agency, in all forms and media including television and advertising.

Signature _____ **Date** _____

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PERSONAL RECOMMENDATION FORM

INSTRUCTIONS: Two letters of reference must accompany the individual's application. The reference letters should comment on the following points:

- State how well, how long and in what capacity you know the applicant
- Your knowledge of the applicant's personal situation
- Why you are recommending this individual for an ASIST award
- The applicant's goals/objectives and potential for success

One letter of recommendation must be completed by an individual of the student's choice who is a past or present employer, teacher, guidance counselor or other school administrator.

A second letter of recommendation must be completed by an individual of the student's choice from a religious affiliation, volunteer organization or personal acquaintance.

Recommendation letters must be typed and limited to one page, one-sided.

The student named here is a candidate for the EWI ASIST Scholarship. Scholarships are disbursed directly to the student's account at his/her college/university of choice.

The recommendation letters will become part of the student's confidential file intended for use by the selection committee.

Student Name: _____

Recommending Person _____ Title _____

Address _____

Telephone _____

Signature _____