



SCHOLARSHIP POLICY & APPLICATION PROCEDURES

The Fresno Women's Network scholarship program provides financial assistance to one or more individuals selected from a group of eligible applicants. Applications will be considered on the basis of demonstrated scholastic merit, community involvement, and stated goals and career objectives.

QUALIFICATIONS FOR APPLICANTS

- The applicant must have a minimum of a high school diploma or equivalent.
- The applicant must have completed a ***minimum of 12 units***, must be ***currently enrolled*** in an accredited educational institution at the time the award is solicited and ***must be continuing their education*** in the Fall of 2012.
- A **minimum** of a **3.0 GPA** is required.
- The criteria for scholarship selection will be based on varying degrees of the following: academics, community involvement, stated goals and career objectives. The amount of the scholarships will vary based upon the stated criteria.

Application Deadline

March 31, 2012

Return Applications To:
Fresno Women's Network

Attn: Scholarship Committee
Mailing Address:
1303 E. Herndon Ave. Mail Stop 55
Fresno, CA 93720

Walk-ins will be disqualified

If you have questions about the application, email scholarship@fresnowomensnetwork.org.

Selection Process:

1. The Scholarship Committee will review all applications postmarked on or before **March 31, 2012**. All applications must be completed by the postmarked date.
2. Incomplete application packets will not be considered.
3. The Scholarship Committee will interview finalists.
4. One or more scholarships may be recommended to the Board of Directors of the Fresno Women's Network. The committee and the Board reserve the right to not award any scholarship, if appropriate, and carry forward the funds to be awarded in the future.
5. The 2012 scholarships will be presented at the June 2012 Fresno Women's Network luncheon.
6. Privacy of the applicant's files, personal information, and committee recommendations will be strictly observed. These files will be maintained by the Fresno Women's Network office for a minimum of two years and then destroyed. The applicant may also have the files returned upon request.
7. Applicants can apply for the Fresno Women's Network scholarship more than once. However, applicants can only be awarded the Fresno Women's Network scholarship twice in their academic career.



Fresno Women's Network

2012

Scholarship Application

Applicant's name: _____

Applicant's street address: _____

Applicant's city, state, zip: _____

Applicant's e-mail: _____

Applicant's day phone: _____ evening phone: _____

Female: _____ Male: _____

Single: _____ Married: _____ No. of Dependents: _____

School presently attending: _____

School Applicant will be attending in Fall 2012:

Check List

Name



Fresno Women's Network Scholarship Application Packet

Fresno Women's Network will only consider applications that are complete and meet all requirements specified in this application packet. In order for your application to be considered as complete, you must complete this page. Check off the below list and sign your name indicating that all listed requirements are in your application packet, fully completed and in order of the check off list.

- Completed Fresno Women's Network Scholarship Application, 7 pages.
(11 copies)
- Most recent official transcript.
(1 copy)
- Proof of Fall registration*.
(11 copies)

*Should the applicant's registration date fall after the March 31 deadline, please submit a letter from the dean of applicant's department, confirming the applicant's 2012 fall registration.

- 3 original letters of reference in individual sealed envelopes. References must be completed by 3 different individuals:
 - 1 academic reference
 - 1 professional reference
 - 1 personal reference to reflect community involvement and/or leadership
- Print name on each page of application.

I _____, hereby state that all required information is included in my application packet and I have ensured that all copies of my application are in order as listed in the check off list above. I hereby certify under penalty of perjury that the information provided in this application is factual and correct, to the best of my knowledge.

Signature _____

Date _____

Employment History

_____ Name



Current Employer: _____ Date of Hire _____

Address: _____

Direct Supervisor: _____ Phone: _____

Position: _____ Total Hours Worked per Week _____

Responsibilities: _____

Previous Work Experience:

Please list your work experience over the past five years listing recent first:

Positions Held	Dates of Employment	Employer's Name	Responsibilities

EDUCATIONAL BACKGROUND:

Please outline your post high school education, listing recent first:

Educational Institution	Dates of Attendance	College Units (to date)	Degrees (if any, including date earned)

*Continue on the back if necessary.

Income/Balance Statement

_____ Name



ESTIMATED INCOME:

MONTHLY INCOME

Applicant's Monthly Wages (take home) _____

Other _____

ESTIMATED TOTAL MONTHLY INCOME _____

x 12 months

A) ESTIMATED TOTAL ANNUAL INCOME _____

OTHER INCOME

2011 Loan amounts _____

2011 Scholarship amounts _____

2011 Grant amounts _____

2011 Cash awards _____

Other Income _____

B) ESTIMATED TOTAL OTHER INCOME _____

BALANCE SHEET:

ASSETS

Cash/Savings/Checking _____

Value of Automobile(s) _____

Value of Other Vehicles (list) _____

Value of Home _____

Value of Other Assets (list) _____

E) TOTAL ASSETS _____

LIABILITIES

Total Credit Card Debt Owed _____

Total Student Loans Owed _____

Total Amount Owed on Automobile(s) _____

Total Amount Owed on Home Loan (include 2nd) _____

F) TOTAL LIABILITIES _____

G) NET WORTH (E - F) _____

Expense Statement

_____ Name



ESTIMATED EXPENSES:

MONTHLY EXPENSES

Monthly Rent/House Payment/Taxes/Insurance _____
Monthly Utilities (electricity, water, phone, cable etc.) _____
Monthly Food Budget _____
Monthly Auto Expense (payment, insurance, gas, etc.) _____
Other Monthly Expense _____

ESTIMATED TOTAL MONTHLY EXPENSES

x 12 months

C) ESTIMATED TOTAL ANNUAL EXPENSES

OTHER EXPENSES

Other Expense _____

D) ESTIMATED TOTAL OTHER EXPENSES

A) Estimated Total Annual Income _____

B) Estimated Total Other Income + _____

ESTIMATED TOTAL INCOME

= _____

C) Estimated Total Annual Expenses - _____

D) Estimated Total Other Expenses - _____

E) ESTIMATED TOTAL ANNUAL INCOME AFTER EXPENSES = _____

EDUCATION EXPENSES:

ANNUAL TUITION (identify if semester, quarter, other) _____

ANNUAL COST OF BOOKS/SUPPLIES (estimate if necessary) _____

ANNUAL ROOM & BOARD (dorm/housing fees, meals, etc.) _____

OTHER ANNUAL SCHOOL COSTS (please itemize and list) _____

TOTAL ANNUAL EDUCATION COSTS

Activities and Awards

Name

Please type or print legibly on this page in black or blue ink. Responses may be continued on the back or use additional sheets of paper and attach.

1. Please list names and dates of your membership to any on campus organizations; names of offices held and dates; names and dates of organizational programs, projects, and events you were involved in and what part you played.

2. Please respond to the same queries as listed above for off-campus organization involvement within the past three years.

3. Please describe any involvement in special projects research or papers that are part of your academic studies.

4. Please list any other scholarships and awards that you have received and date they were awarded.

5. Please explain how this award money will help you to fund your education. Please include any other information that impacts your financial situation.

Biography and Goals

Name

Please provide a typed statement of your biography below *(you may use a separate sheet(s) and attach.*
Please include your personal goals and career objectives. Why have you made these goals and career objectives?

Academic Recommendation



Student/Applicant Information:

Applicant's Name

Please complete the following recommendation for the above named student and return it to the applicant in a sealed envelope.

1. How long have you known the applicant? _____ Years _____ Months

2. How do you know the applicant? On what criteria do you base your recommendation of the applicant?

3. Using the individuals with whom you are acquainted, please give your personal appraisal of the applicant with regard to the following *(please only check one box in each row)*:

	Outstanding	Excellent	Good	Average	Below
	(Top 1%)	(Top 10%)	(Top 25%)	(Mid 50%)	Average
Intelligence					
Motivation					
Creativity					
Leadership					

4. Please comment on the exceptional scholastic ability and accomplishments exhibited by the applicant. In addition, please assess his/her potential to succeed academically?

** If additional space is required, please use the back side of this form.*

Name _____ **Phone** _____

Employer _____ **Title** _____

Address _____

Signature _____

Date _____

Professional Recommendation



Student/Applicant Information:

Applicant's Name _____

Please complete the following recommendation for the above named student and return it to the applicant in a sealed envelope.

1. How long have you known the applicant? _____ Years _____ Months

2. How do you know the applicant? On what do you base your recommendation of the applicant?

3. From among the individuals with whom you are acquainted, Please give your personal appraisal of the applicant with regard to the following (please only check one box in each row):

	Outstanding	Excellent	Good	Average	Below
	(Top 1%)	(Top 10%)	(Top 25%)	(Mid 50%)	Average
Intelligence					
Motivation					
Creativity					
Leadership					

4. Please comment on the accomplishments and excellent action/habits exhibited by the applicant: _____

** If additional space is required, please use the backside of this form.*

Name _____ **Phone** _____

Employer _____ **Title** _____

Address _____

Signature _____

Date _____

Community/Leadership
Recommendation



Student/Applicant Information:

Applicant's Name: _____

Please complete the following recommendation for the above named student and return it to the applicant in a sealed envelope.

1. How long have you known the applicant? _____ Years _____ Months

2. How do you know the applicant? On what do you base your recommendation of the applicant?

3. From among the individuals with whom you are acquainted, Please give your personal appraisal of the applicant with regard to the following (please only check one box in each row):

	Outstanding	Excellent	Good	Average	Below
	(Top 1%)	(Top 10%)	(Top 25%)	(Mid 50%)	Average
Intelligence					
Motivation					
Creativity					
Leadership					

4. Please comment on the exceptional scholastic ability and accomplishments exhibited by the applicant. In addition, please assess his/her potential to succeed academically: _____

_____ ** If additional space is required, please use the back side of this form.*

Name _____ **Phone** _____

Employer _____ **Title** _____

Address _____

Signature **Date**