



# THE COMMUNITY FOUNDATION

## WOMEN'S WEEK SCHOLARSHIP APPLICATION FORM

**Due Date: July 1<sup>st</sup>**

APPLICANT'S NAME: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First M.I.

LEGAL ADDRESS \_\_\_\_\_  
Street or post office box city/town state zip

HOME PHONE ( ) \_\_\_\_\_

\_\_\_\_ High School Diploma \_\_\_\_ G.E.D. NAME OF SCHOOL/DISTRICT \_\_\_\_\_  
YEAR OBTAINED: \_\_\_\_\_

Name of college(s) you have attended, if any, prior to the interruption of your academic career:

NAME(s): DATES ATTENDED:

College to which you have been currently accepted or are currently enrolled:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street or post office box city/town state zip

Have you applied for other financial aid? Yes or No If so, from which sources? (Submit Financial Aid Award Letter) \_\_\_\_\_  
How much have you received? \_\_\_\_\_

EMPLOYMENT HISTORY (List the three most recent jobs):

Dates Employer Position

COMMUNITY ACTIVITIES (List the three that have meant the most to you):

Dates Organization Activity/Function

WOMEN'S WEEK SCHOLARSHIP APPLICATION

---

NAME: \_\_\_\_\_

PLEASE WRITE OR TYPE A BRIEF ESSAY (1/2 TO 1 PAGE) DESCRIBING YOUR CAREER ASPIRATIONS AND WHY YOU THINK YOU SHOULD RECEIVE THIS SCHOLARSHIP. HAVE YOU RECEIVED ANY AWARDS? WHAT IS YOUR CURRENT G. P. A.?

PLEASE ATTACH:

(1) A COPY OF YOUR F.A.F.S.A. FORM, (2) YOUR FINANCIAL AID AWARD LETTER AND (3) YOUR IRS 1040 (OR S.A.R. EQUIVALENT). IF YOU DID NOT FILE A TAX RETURN, PLEASE SUBMIT THE SUPPLEMENTAL FORM ON PAGE 5.

PLEASE LIST 2 PEOPLE (EXCLUDING RELATIVES) WHO MAY KNOW YOU AND ASK THEM TO COMPLETE AND RETURN A REFERENCE FORM TO THE FOUNDATION. **REMEMBER, APPLICATION DEADLINE IS JULY 1.**

Return all forms **by June 1** to:

The Community Foundation  
500 East Avenue  
Rochester, New York 14607-1912  
WOMEN'S WEEK SCHOLARSHIP APPLICATION

NAMES: \_\_\_\_\_

NAMES: \_\_\_\_\_

---

RECOMMENDATION FORM FOR:

\_\_\_\_\_   
Applicant's name

The applicant named above is applying for the Community Foundation's Women's Week Scholarship. This scholarship is given to assist women residents of Monroe and Genesee counties returning to school after being out of school for a period of time. The applicant has named you as a reference. Please take a few moments to respond. **APPLICATION DEADLINE IS JULY 1.**

IN WHAT CONTEXT DO YOU KNOW THE APPLICANT?

PLEASE COMMENT BRIEFLY ON THE APPLICANT'S CHARACTER, SCHOLASTIC PERFORMANCE, COMMUNITY ACTIVITIES, INITIATIVE OR OTHER RELEVANT INFORMATION:

\_\_\_\_\_  
Print/type name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

Return to:  
The Community Foundation  
500 East Avenue  
Rochester, NY 14607

WOMEN'S WEEK SCHOLARSHIP APPLICATION

---

RECOMMENDATION FORM FOR:

\_\_\_\_\_  
Applicant's name

The applicant named above is applying for the Community Foundation's Women's Week Scholarship. This scholarship is given to assist women residents of Monroe and Genesee counties returning to school after being out of school for a period of time. The applicant has named you as a reference. Please take a few moments to respond. **APPLICATION DEADLINE IS JULY 1.**

IN WHAT CONTEXT DO YOU KNOW THE APPLICANT?

PLEASE COMMENT BRIEFLY ON THE APPLICANT'S CHARACTER, SCHOLASTIC PERFORMANCE, COMMUNITY ACTIVITIES, INITIATIVE OR OTHER RELEVANT INFORMATION:

\_\_\_\_\_  
Print/type name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

Return to:  
The Community Foundation  
500 East Avenue  
Rochester, NY 14607

SUPPLEMENTAL FINANCIAL INFORMATION FORM

(To be used if you have not filed a tax return and therefore can not attach a copy of your IRS 1040 to the application).

Marital status: married \_\_\_\_\_ single \_\_\_\_\_ divorced \_\_\_\_\_ separated \_\_\_\_\_

Total family income \_\_\_\_\_ (from completed IRS tax form)

Number of people that income supports \_\_\_\_\_

Special circumstances that relate to your financial need:

How did you hear about Community Foundation Scholarships? \_\_\_\_\_

Return by JULY 1<sup>st</sup> to:  
The Community Foundation  
500 East Avenue  
Rochester, NY 14607-1912  
ATTN: Scholarship Administrator