

# **Estelle Leven Memorial WRC Scholarship Fund APPLICATION**

678 Front NW Suite 180  
Grand Rapids, MI 49504  
Phone: (616) 458-5443 Fax: (616) 458-9933  
[www.grwrc.org](http://www.grwrc.org)

The mission of the Women's Resource Center is  
**"Equipping women to achieve purpose, fulfillment and financial stability through meaningful employment."**

## **AWARD PROCESS**

WRC will award its scholarships quarterly. The award is intended to cover two semesters/terms in a traditional education program (BS or AA degree) or to cover a portion of a certificate program that will positively impact a participant's earning potential. WRC scholarships are up to \$1000, based on two award payments of up to \$500 in each term. **WRC Scholarship awards can be used for tuition, fees, books, equipment and other education-related expenses (e.g. supplies required for a course, etc.)** Award recipients will be expected to maintain contact with WRC during the award period and meet with representatives from the WRC scholarship committee.

## **ELIGIBILITY**

In keeping with our mission, WRC awards education scholarships to certificate, part-time or full-time students who:

- Are current WRC participants, **AND**
- Reside within Women's Resource Center's service area (Allegan, Barry, Ionia, Kent, Montcalm, Muskegon and Ottawa counties), **AND**
- Demonstrate financial need, **AND**
- Are currently enrolled in or can document acceptance to an accredited post-secondary institution of learning or program that leads to a recognized credential & are not pursuing graduate work, **AND**
- Have well-defined educational and career goals

### **Preference will be given to applicants who:**

- Are WRC participants actively participating in a WRC program/service
- Are single heads of households or provide primary support for themselves or families
- Are returning to school as a means of becoming employable and economically secure.

\*Women's Resource Center employees and their immediate family members are not eligible for awards from this scholarship fund.

## **APPLICATION DEADLINE**

Women's Resource Center will accept scholarship applications quarterly.

**Recipients of awards will be notified by WRC.  
Application begins on the next page**



## SECTION 1: Application Completion Checklist

- A. Please complete this section and return with application. As you check off each number, please be sure that you have fully completed each section - incomplete applications will not be considered. Thank you.

\_\_\_\_\_  
WRC Participant/ Scholarship Applicant Name

\_\_\_\_\_  
Submission Date

- B. WRC requests that participants have their staff or volunteer Career Coach or Mentor review this application prior to submission. WRC will give award preference to participants who are enrolled in intensive services through Empower, Mentoring, New Beginnings, etc.

**Each of the following sections have been fully completed and are included in this packet:**

- Section 1. Application Completion Checklist (this page)
- Section 2. Applicant Personal Information
- Section 3. Applicant Education & Training History
- Section 4. Applicant Education Plan
- Section 5. Applicant Financial Information
- Section 6. Financial Aid Office Form (signed by Financial Aid Officer)\*\*\*
- Section 7. Authorization Release & Certification (signed by applicant)
- Section 8. Educational & Career Goals Statement
- Section 9: Right to Use/Release of Information

**Each of the following items have been attached to this application packet:**

- Copy of Applicant's Most Current Transcript
- Copy of School Acceptance Letter, Registration Form or Tentative Schedule
- Statement of Special Circumstances (if applicable)
- Copy of Applicant's Financial Aid Award Notification Letter (if applicable)
- Letter of Recommendation (optional, but recommended)

**The WRC staff/volunteer signature below verifies the applicant's status as a current WRC participant and that the application has been reviewed for accuracy and completeness.**

WRC Program participant is enrolled in: \_\_\_\_\_

\_\_\_\_\_  
WRC Staff/Volunteer Signature

\_\_\_\_\_  
Date of WRC Staff/Volunteer Review

- C. With a paper clip, attach this sheet to the front of your application packet.

- D. Return packet to:

**Women's Resource Center  
ATTN: Program Director  
678 Front NW—Suite 180  
Grand Rapids, MI 49504**

**\*\*\*All application materials must be submitted together to be considered a complete application, with the exception of Section 6: Financial Aid Office Form, which may be sent directly to WRC from your school.**

**SECTION 2: Personal Information**

**A, Personal Information**

Your Student ID number (provided by educational institution):

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_ Phone : \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Marital status: \_\_\_ Single \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Married \_\_\_ Partnered

Excluding yourself, # of people living in your household & depending on you for financial support \_\_\_\_\_

Employment Status: \_\_\_ Unemployed \_\_\_ Employed Full-time \_\_\_ Employed Part-time \_\_\_ Disabled

If Employed, Name of Current Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

**B. Please list any community involvement or volunteer experience:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 3: Education & Training History (List most recent first)**

SCHOOLS ATTENDED	DATES ATTENDED	AREA OF STUDY	GPA	DEGREE/ CERTIFICATE	YEAR GRADUATED

**C. Other training or certifications (list below):**

\_\_\_\_\_  
 \_\_\_\_\_

**D. Transcript: Provide a copy of your most current transcript (available by calling the current or last education institution you attended). Be sure to attach it to your completed application.**

**SECTION 4: Education/Training**

Educational or Training institution where you are enrolled or plan to attend (Attach a copy of your acceptance letter or registration form)

---

Area of study/Certification Indicate program start date

---

**SECTION 5: Applicant Financial Information (to be completed by applicant)**

**A. Financial Information**

Total **household** income before taxes (including public assistance & other sources of income)

<b>Time Period</b>	<b>Source(s)</b>	<b>Amount</b>	<b>Total From All Sources</b>
Last Year	_____ _____ _____	_____ _____ _____	\$ _____
This Year	_____ _____ _____	_____ _____ _____	(anticipated for this year) \$ _____

**B. Have you applied for financial aid at the place of study you plan to attend?**  Yes  No

If "no", why not? \_\_\_\_\_

If "yes", do you qualify for aid?  Yes  No

Amounts: \_\_\_\_\_ Grants: \$ \_\_\_\_\_

Loans: \$ \_\_\_\_\_

If you do not qualify for financial aid, why not? \_\_\_\_\_

**C. Have you previously applied for a WRC scholarship?**  Yes  No

If yes, have you been awarded a WRC scholarship in the last two years?  Yes  No

When & Total Amount: \_\_\_\_\_

**D. Total number of credit hours you are taking?** \_\_\_\_\_

**E. What is the cost of tuition per credit?** \$ \_\_\_\_\_

**F. Amount of WRC scholarship requested by this application:** \$ \_\_\_\_\_  
(\$1,000/yr maximum)

**SECTION 6: Financial Aid Office** (to be completed by financial aid officer if applicant has applied for financial aid. If no financial aid has been requested, applicant must provide the information in Section C only)  
**RETURN COMPLETED FORM TO:** Michelle Bryk, Women's Resource Center, 678 Front Ave NW, Suite 180, Grand Rapids, MI 49504 or FAX to 616-458-9933 or email to [mbryk@grwrc.org](mailto:mbryk@grwrc.org).

**A.**

---

Applicant Name	(First)	(M.I.)	(Last)	Student ID Number
----------------	---------	--------	--------	-------------------

**B. Applicant is considered:**  (Financially) Independent  
 (Financially) Dependent (supported by parents)

C. Anticipated Resources for:	Semester or Certification class	Total for Year
Parent Contribution	\$	
Spouse/Student Contribution	\$	
V.A. or S.S. Benefits	\$	
Scholarship Grants (Pell, SEOG, etc.)	\$	
Student Loans (Subsidized & Unsubsidized)	\$	
Other (list): _____	\$	
_____	\$	
<b>TOTALS</b>	<b>\$</b>	

**D. We**  Recommend this applicant for a WRC scholarship grant.  
 Do NOT Recommend

**E. Receiving this scholarship**  will affect applicant's eligibility for other grants or loans.  
 will NOT

\_\_\_\_\_  
**F. Signature of Financial Aid Officer**

\_\_\_\_\_  
**E-Mail Address**

\_\_\_\_\_  
**G. Name of Financial Aid Officer**

\_\_\_\_\_  
**(Printed) Phone #**

\_\_\_\_\_  
**H. Name of Institution**

\_\_\_\_\_  
**Date**

**SECTION 7: Authorization Release & Certification**

A. I hereby give the Financial Aid Officer, my Academic Advisor or representatives from the educational institution's Counseling Office permission to release to Women's Resource Center any information that is pertinent to this application for a WRC scholarship. In submitting this application, I certify that the information is complete and true to the best of my knowledge.

\_\_\_\_\_  
**B. Applicant Signature (Applicant MUST Sign)**

\_\_\_\_\_  
**Date**

## **SECTION 8: Educational & Career Goals Statement**

***This section is very important in determining the award selection Required:***

***Educational & Career Goals:*** Submit a statement describing your personal aspirations and your educational and career goals, not to exceed two pages (single-sided, double-spaced, 12 pt. font).

***Special Circumstances:*** Please report on an additional sheet any special family, personal, or financial circumstances which may warrant additional consideration in processing your application request. These might include such things as financial hardships, disabilities, family separation, extraordinary family responsibilities, etc. Please do not exceed one single-sided, double-spaced page, 12 pt. font.

***Optional:***

***Letter of Recommendation:*** Although not required, it is **highly recommended** that you include a letter of recommendation from the WRC staff or volunteer with whom you work most closely. If you are not enrolled in an intensive program, please provide a letter of recommendation from a professor, supervisor, or staff from another social service agency who is able to speak to your educational or career goals.

**SECTION 9: Right to Use/Release of Information**

**Right to Use/Release of Information**

*I, \_\_\_\_\_, grant to the Women’s Resource Center, the right to use and publish my written comments, photographic likenesses or pictures of me. I understand and agree that my comments or photographic image may be used in whole or in part, in conjunction with my own name, or reproduction thereof, made through any medium, including Internet, for the purpose of use, dissemination of, and related to Women’s Resource Center publications.*

*I waive the right that I may have to inspect or approve the finished product or the advertising or other copy, or the above-referenced use of the portraits or photographic likenesses or pictures of me and attached document and any information contained within the document.*

Dated \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name Printed**

\_\_\_\_\_  
**Address**

\_\_\_\_\_

Women’s Resource Center- 678 Front NW, Suite 180, Grand Rapids, MI 49504  
616-458-5443 (p) 616-458-9933 (f) [www.grwrc.org](http://www.grwrc.org)