

# COUNCIL for WORKING WOMEN SCHOLARSHIP APPLICATION

NAME \_\_\_\_\_ SS# \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE (home) \_\_\_\_\_ (work) \_\_\_\_\_ Email \_\_\_\_\_  
 MARITAL STATUS: M S D W (circle) TOTAL NUMBER IN HOUSEHOLD \_\_\_\_\_  
 NUMBER OF DEPENDENTS \_\_\_\_\_ TOTAL HOUSEHOLD INCOME \$ \_\_\_\_\_

EMPLOYER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 POSITION \_\_\_\_\_ -- Full Time \_\_\_/Part Time \_\_\_  
 Will your employer fund any portion of your education? YES \_\_\_ NO \_\_\_ Amount per semester \$ \_\_\_\_\_

For the upcoming semester:  
 What is the total amount of your expected educational expenses? \$ \_\_\_\_\_  
 Have you applied for Financial Aid (FAFSA)? Yes  No   
 What is the total amount of financial assistance you expect to receive,  
 including scholarships, grants, loans, work-study, and employer assistance? \$ \_\_\_\_\_  
 What is the total amount of educational expenses you expect to pay? \$ \_\_\_\_\_

**ENROLLMENT Fall 2010:**

School \_\_\_\_\_ Program of Study \_\_\_\_\_  
 Total hours completed \_\_\_\_\_ GPA \_\_\_\_\_ Scale \_\_\_\_\_ Anticipated date of completion/graduation \_\_\_\_\_  
 Cost per credit hour \$ \_\_\_\_\_ Approx. Cost of books \$ \_\_\_\_\_ Cost of fees \$ \_\_\_\_\_

List high school and post-secondary education experiences:

School	Program of Study	Certificate/Degree/Diploma	Date

**REQUIRED ATTACHMENTS:**

- A brief, typed statement describing: 1) your financial situation; 2) a list of all financial assistance you expect to receive from other sources (including scholarships, grants, loans, work-study, and employer assistance); 3) the reason you are applying for this scholarship; 4) your educational goals; and 5) your participation in community organizations/activities.
- Three letters of recommendation: one letter is required to be from a member of the CWW or any other member of the Joliet Region Chamber of Commerce, plus two additional letters chosen from a faculty, employer, or community service professional who can comment on your character and desire to continue your education.
- Proof of Fall 2010 registration for classes and your Fall 2010 schedule.
- Official transcripts from previous colleges attended, if applicable.
- Copy of school's published tuition cost per credit hour.
- Waiver of Confidentiality and Release of Information Form

*I certify that all of the information set forth herein and in the attachments is correct to the best of my knowledge:*

(Signature) \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE: to be considered, the application and all of the required attachments must be complete and received by June 7, 2010.**