



BROWARD WOMEN'S ALLIANCE
FOUNDATION
Fund for the Advancement of Women
2024 Application Form

The purpose of the Broward Women's Alliance Fund for the Advancement of Women Scholarship is to benefit women who need support and encouragement for professional development through education. The applicant must be enrolled in a degree-seeking or certification program at a fully accredited school or college.

Amount of the current scholarship to be awarded: no less than \$1,000

Applications open: Monday, February 12, 2024

Application deadline: Friday, April 19, 2024

Notification of awards: Week of April 29-May 3, 2024

General criteria:

We are looking for someone who has chosen a specific educational path that will assist her in achieving economic independence, full participation in the workforce and benefit for other people.

Please include a description of the specific program and the educational institution for which the scholarship is being requested. Acceptance into the accredited institution of higher education is required at the time the application is considered.

- Scholarship funds are applicable only to tuition and fees.
- In order to be eligible, you must be a resident of Broward County.

SUPPORTING DOCUMENTS:

Please mail your fully completed application with the following or it will be considered INCOMPLETE:

1. Resume, including your educational and employment history and your volunteer activities.
2. Citizen status should be: U.S. Citizen, Permanent Resident, or International F1 status.
3. Proof of residency in Broward County (example—voter registration card, utility bill, mail from a banking institution, driver's license, etc. such as can be found on: www.flhsmv.gov or dmvflorida.org

Please also arrange for the following to be sent directly to BWA from the institution and the reference source:

4. Official transcript of your grades from your current or last attended educational institution.
Transcripts can take weeks to receive so they should be ordered immediately.

5. Two letters of recommendation: (a) from a teacher or advisor from your most recent educational institution; and/or (b) from your current or previous employer (if employed) and/or (c) from someone who has known you at least two years, but who is not a relative. **Letters of recommendation and transcripts must be mailed in a sealed envelope NOT emailed for your application to be considered.**

APPLICATION

Please complete the following (you may attach additional pages if necessary):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cellular #: _____ Email: _____

Current marital status: _____ Date of birth: _____

Names, relationship and ages of any dependents living with you:

Educational History:

High School: _____

Years attended _____ Year graduated _____

College: _____

Years attended _____ Major _____ Degree and year _____ or Credits earned _____

On a separate sheet of paper, write a 150 – 300-word essay and tell about the specific program to which this scholarship would apply, why this program is important to you, and something you would like the scholarship committee to know about you that is not asked in the application.

What school are you attending for this program? If you are not currently attending this school, you must provide a letter showing that you have been accepted for the program.

If you are currently attending school, how is your education being financed?

On a separate piece of paper, list by source and amount any financial aid you are receiving, including family contributions.

Have you filed other applications for financial aid? _____ If yes, give the source(s) and amount(s):

In order to complete the program for which you are requesting this scholarship, will you require additional sources of financial aid? What additional sources might be available to you?

Name and address of your current employer if applicable: _____

Please identify your income and include all sources:

PLEASE RETURN the **completed** application with SUPPORTING DOCUMENTS 1-3 to: _____

Maureen S. Dinnen, 622 SW 15th Street, Apt 2, Fort Lauderdale, Florida 33315.

Your application will be considered INCOMPLETE unless you mark the envelope "Confidential" or via email IN ONE PDF FILE, to mdinnen@aol.com and write BWA Applicant in the subject line.

PLEASE ARRANGE for SUPPORTING DOCUMENTS 4 AND 5 to be sent by mail in a sealed envelope to the street address, not sent electronically.

Please fill out the following:

I _____ declare that the above answers and information are true and correct. I understand and agree that BWA reserves the right to seek recoupment of any monies awarded to me if BWA later discovers that the information I have provided in this application is not true and correct.

I acknowledge and give consent that any photos taken of me, if I am a scholarship recipient at a BWA luncheon or meeting can be published at BWA's discretion for use in promoting and/or increasing awareness of BWA and its mission.

Check if: I do not consent ____

Signature _____

Date: _____

(Rev 2024)