

**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:  
At least \$1,000**

**Application deadline: March 16, 2012  
Notification of awards: May 1, 2012**



General criteria:

You must have chosen a specific educational path that will assist you in achieving economic self-sufficiency, economic independence, and full participation in the workforce.

You must include a description of the specific program and the educational institution for which the scholarship is being requested. Acceptance into the program or course is not required at the time the application is considered.

Acceptance into the program will be necessary for the grant money to be disbursed, and it will only be disbursed directly to the educational institution. Scholarship funds are applicable only to tuition and fees.

You must be a resident of Broward County.

**Your fully completed application form must include:**

**Supporting Documents:**

You must mail your fully completed application with the following:

1. Resume, including your educational and employment history and your volunteer activities.
2. Copy of most recent Federal Income Tax Return for verification of your income.
3. Proof of your United States citizenship or resident alien status.
4. Proof of residency in Broward County (example—vote registration card, utility bill, mail from a banking institution, etc. such as can be found on <http://www.dmvflorida.org/drivers-license-identification.shtml>)

**You also must arrange for the following to be sent independently (not sent by you):**

5. Official transcript of your grades from your current or last attended educational institution.
6. 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.



**BROWARD  
WOMEN'S  
ALLIANCE**

***Fund for the  
Advancement of  
Women***

**2012 Application  
Form**

Broward Women's Alliance  
PO Box 826631  
Pembroke Pines, Florida 33082-6631

# 2012 Application Form

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cellular #: \_\_\_\_\_

Email: \_\_\_\_\_

Current marital status: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Names 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: \_\_\_\_\_

Describe the specific educational course or program to which you would apply this scholarship. Tell why this program is especially important to you. Please attach a separate sheet to respond to this question.

What school will you be 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?

\_\_\_\_\_

Are you currently receiving financial aid? \_\_\_\_\_ If yes, give the source(s) and amount(s):

\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

Your income including all sources: (attach your last IRS Return): \_\_\_\_\_

\_\_\_\_\_

**PLEASE RETURN the completed application with SUPPORTING DOCUMENTS 1-4 to:**

**Dr. Ely du Pré, Lighthouse of Broward, 650 N. Andrews Avenue, Fort Lauderdale, FL 33311**

**PLEASE ARRANGE for SUPPORTING DOCUMENTS 5 AND 6 to be sent to the same address.**