



University Women's Foundation
of Jefferson County

**APPLICATION FOR ENDOWED and
OTHER SCHOLARSHIPS**

BY MARCH 5, 2021. Return application to:
UWF Scholarship Committee, PO Box 644, Port
Townsend WA 98368

PART 1 – APPLICANT DETAILS

Which scholarship(s) are you applying for (read criteria for details) (circle)

Elmira K. Beyer Lisa T. Painter Environmental Constance A. Pash

Name: _____

Birth date: _____ Email address: _____

Permanent Street Mailing Address: _____ City _____

Current Street Mailing Address (if different from above): _____ City _____

Resident of Jefferson County since: _____

Telephone Number/s: _____

Place and Year of High School Graduation: _____

SAT, LSAT or MCAT scores (if applicable): _____

COLLEGES ATTENDED, if any (most recent first; official transcripts
required for all; see Criteria)

(1) Name and Location of College _____

Degree _____ Dates Attended _____

Major or Emphasis _____

(2) Name and Location of College _____

Degree _____ Dates Attended _____

Major or Emphasis _____ (add more pages if needed)

PART 2 – ACCOMPLISHMENTS and PLANS

On a separate sheet (typed or clearly handwritten) please provide a brief summary of up to two pages describing your chief accomplishments (honors, awards, positions of leadership), current interests and aspirations. Detail your intended areas of study and your plans for using your college education.

PART 3 – PLANS and FINANCIAL NEED

What degree do you seek? _____

Where do you plan to seek this degree? _____

Have you been accepted for this program? _____

Number of credits you need to complete the degree you seek: _____

a. Anticipated costs of forthcoming school year:

Tuition _____

Fees _____

Required Course Materials _____ Total _____

Housing _____ (not covered by this scholarship)

TOTAL COSTS _____

b. Resources available:

Expected financial aid _____

Employment/ savings _____

Family _____

Financial Aid Applied For _____ Part time work _____

Have you applied to the State of Washington for tuition assistance? If so, how much do you anticipate receiving? _____

TOTAL RESOURCES _____

c. Est. balance need: (Costs minus Resources) TOTAL _____

PART 4 - REFERENCES

Name, phone number and email of three references (see Criteria)

1. _____

2. _____

3. _____

PART 5

How did you hear about this scholarship? _____

Have you applied to UWF before? _____

When/with what result? _____

At which mailing address should we contact you as listed on page 1?

(permanent) (current)

Your Signature: _____

Date: _____

THANK YOU!

**NOTE: TUITION FUNDS WILL BE AVAILABLE FOR ONE YEAR.
IF CIRCUMSTANCES MAKE IT IMPOSSIBLE FOR YOU TO ADHERE TO
THIS COMMITMENT, CONTACT uwfscholarship@aauwpt.org.
EACH CASE WILL BE TAKEN UNDER CONSIDERATION.**