



University Women's Foundation
of Jefferson County

**APPLICATION FOR TECHNICAL CAREER
SCHOLARSHIP 2021-2022**

POSTMARK BY MARCH 5, 2021

Return application to:
UWF Scholarship Committee
PO Box 644
Port Townsend WA 98368

This scholarship is for women from Jefferson County who are enrolled in a **Career and Job Training Program** at an institution accredited by the Washington Board for Community and Technical Colleges (SBCTC), or in a College in Washington State accredited by Accrediting Commission of Career Schools and Colleges (ACCSC).

PART ONE – APPLICANT DETAILS

Name: _____

Birth date: _____ Email address: _____

Permanent Address: _____

Current Address (if different from above): _____

Resident of Jefferson County since: _____

Telephone Number/s: _____

Place and Year of High School Graduation OR General Equivalency Diploma (GED): _____

PART TWO – CAREER AND EDUCATIONAL PLANS

What degree/certificate/program do you seek?

At which Community or Technical College are you seeking this degree/certificate/program?

Have you been accepted to this College and for this degree/certificate/program?

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

On a separate sheet (typed or clearly handwritten) please provide a brief summary of up to two pages describing your educational goals, your career plans, and any other information you wish to share.

PART THREE – FINANCIAL NEED

a. Anticipated costs of forthcoming school year:

Tuition _____

Fees _____

Course Materials/Equipment _____

TOTAL COSTS _____

b. Resources available:

Employment/ savings _____

Family _____

Financial Aid Applied For _____

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 FOUR - COLLEGES ATTENDED, if any (most recent first)

(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 FIVE - REFERENCES

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

1. _____

2. _____

3. _____

How did you hear about this scholarship? _____

Have you applied to UWF before? _____

When/with what result? _____

Which is the preferred way for us to use to notify you?

Your Signature: _____

Date: _____

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