



University Women's Foundation  
of Jefferson County

# APPLICATION FOR ENDOWED and OTHER SCHOLARSHIPS

Postmark deadline: **MARCH 8, 2024.** Return  
application to: UWF Scholarship Committee,  
PO Box 644, Port Townsend WA 98368

Which scholarship(s) are you applying for? (circle)

- Elmira K. Beyer                      Lisa T. Painter                      Environmental *(if available)*
- Constance A. Pash                Susie Pool Moses                Virginia Wolf
- Technical Career

## **PART 1 – APPLICANT DETAILS**

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

Birth date: \_\_\_\_\_ Email address: \_\_\_\_\_

Permanent Street Mailing Address: \_\_\_\_\_ City \_\_\_\_\_

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

Resident of East 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 \_\_\_\_\_

TOTAL RESOURCES \_\_\_\_\_

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

**PART 4 - REFERENCES**

Name, phone number and e-mail 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!***