

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



## Scholarship Application Checklist 2015-2016

To be **eligible** for a Women of Tomorrow scholarship, Mentees must have participated in the program for **at least THREE (3) years**, with **no unexcused absences** from mentoring sessions. Please make one copy of this application and any required documentation for your records. The Women of Tomorrow scholarship process is competitive and not every applicant will receive a scholarship.

To be considered for a scholarship you must submit each of the items listed below. Please check off each item and confirm you are submitting a **COMPLETE** application: **Must be postmarked by Friday February 19, 2016.**

- \_\_\_\_\_ 1. One original COMPLETE APPLICATION signed by applicant and parent/guardian
- \_\_\_\_\_ 2. FINANCIAL PLANNING FORM filled out for each institution you may attend (Included here, make additional copies if necessary)
- \_\_\_\_\_ 3. PERSONAL STATEMENT (This is separate from the Essay)
- \_\_\_\_\_ 4. ESSAY (Choose one of our three essay questions)
- \_\_\_\_\_ 5. TWO LETTERS OF RECOMMENDATION (We encourage you to ask your WOT Mentor for a recommendation)
- \_\_\_\_\_ 6. OFFICIAL SCHOOL TRANSCRIPT with grades through December of 12<sup>th</sup> grade year. (Order by end of January to receive on time)
- \_\_\_\_\_ 7. 2015 W-2 FORMS for your parents/guardians (W-2's mailed by January 31<sup>st</sup>) (Tax return accepted but not necessary)
- \_\_\_\_\_ 8. FAFSA CONFIRMATION copy (Must include EFC, *Expected Family Contribution*) [www.fafsa.ed.gov](http://www.fafsa.ed.gov)
- \_\_\_\_\_ 9. SAT or ACT SCORE REPORT online copy/printout
- \_\_\_\_\_ 10. ONE (1) PHOTOGRAPH (This may be any photo of you for the scholarship committee but it will NOT be returned)
- \_\_\_\_\_ 11. I understand I may be called for a SCHOLARSHIP INTERVIEW on **Saturday April 16, 2016** and will make every effort to attend.  
*Please note not every applicant is called for an interview; an interview does not guarantee a scholarship, and not being called for an interview does not mean a candidate will not receive a scholarship.*
- \_\_\_\_\_ 13. I understand Scholarships will be announced and awarded at the GRADUATION LUNCHEON on **Wednesday May 3/5, 2016.**

### ALL ITEMS MUST BE COMPLETED FOR SUBMISSION

**SCHOLARSHIP PACKAGE MUST BE POSTMARKED BY **Friday February 19, 2016****

WOMEN OF TOMORROW MENTOR & SCHOLARSHIP PROGRAM

22 East Flagler Street, 6<sup>th</sup> Floor, Miami, FL 33131

INSTRUCTIONS: Please complete this entire application. **If a particular section does not apply to you, write "Not applicable". DO NOT LEAVE QUESTIONS BLANK.** Information provided in this application will be used to determine your qualifications for a WOT Scholarship. By submitting this application, I provide my consent to share information contained in this application with the WOT Staff, Scholarship Committee and when necessary, WOT Scholarship Partners. Additionally, by accepting a WOT Scholarship, I hereby authorize WOT's Scholarship Partner to share my records with WOT for purposes of improving and evaluating the WOT Program.

**PLEASE MAKE A COPY OF THIS ENTIRE APPLICATION AND ANY REQUIRED DOCUMENTATION FOR YOUR RECORDS.**



# Scholarship Application Tips

Please contact your School Coordinator with questions on your scholarship application.

## BE ON TIME

- Submit a complete application by **February 19, 2016**. Late applications will not be considered.
- Take the SAT or ACT early in the Fall! Register at least two months in advance. Score report online printout is now required as part of the scholarship application. Upcoming test dates:
  - SAT: Oct.3, Nov.7, Dec.5, Jan.23, March.5, May.7, Jun.4
  - ACT: Sept.12, Oct.24, Dec.12, Feb.6, Apr.9, Jun.11
- Apply to college early!
- Request all materials well in advance of the scholarship deadline:
  - Recommendation Letters (ask your WOT Mentors, but give them enough time).
  - Transcripts (order at the end of the grading period in January).
  - Financial Information (W-2s are mailed by January 31st).
  - FAFSA (starting January 1st at [fafsa.ed.gov](http://fafsa.ed.gov)). You may start with 2015 information (for estimates) and update it when your 2015 W-2s arrive.

*Below is what we need turned in with your WOT Scholarship Application:*

<b>Federal Student Aid FAFSA</b>			
2013-2014			
The SAR summarizes the information you submitted on your 2013-2014 Free Application for Federal Student Aid (FAFSA).			
Application Receipt Date:	02/25/2013	XXXX-XX-1234	GA 03
Processed Date:	03/21/2013	EFC: 00430	DRN: 1234

## BE ORGANIZED & ACCURATE

- Start your application early (October), especially your personal statement & essay, and pace yourself.
- The more detailed and thorough you are, the better the scholarship committee will understand your story.
- Any false information is grounds for disqualification.
- Write your name on every page of your scholarship application.
- Make a complete copy of your entire application and any required documentation for your records.

## BE HELPFUL TO WOMEN OF TOMORROW:

- **Do not print double-sided.**
- **Do not use multiple staples.** If needed, use paperclips or only one staple for the entire application.
- Please tape your photo to an 8.5 x 11 standard sheet of colored paper with your name on it.
- Tape W-2s and other small documents to an 8.5 x 11 standard sheet of white paper with your name on it.

## Lastly, Be Resourceful

- Visit our website for more scholarship and internship opportunities at [womenoftomorrow.org](http://womenoftomorrow.org).
- Search and apply for other scholarship opportunities online and ask your school counselor.



# Scholarship Application

## 2015-2016

Women of Tomorrow offers several scholarships in partnership with other institutions and organizations.

Please check if you're considering attending any of the following:  Broward College  Miami Dade College  
 St. Thomas University  Palm Beach Atlantic University  Keiser University  Miami International University of Art & Design

Specific scholarships are available for those interested in studying healthcare at **Broward College**.

Mentees do not have to live in Broward to be considered for these scholarships, but must attend Broward College.

I am specifically interested in studying **nursing** at Broward College.  I am interested in studying **another healthcare** field (not nursing) at Broward College.  
 I am interested in nursing or another healthcare field at an institution other than Broward College, however, **I will** attend Broward College if a scholarship is made available.  I am interested in nursing or another healthcare field, but **I will NOT** attend Broward College even if a scholarship is made available.

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

High school you will graduate from: \_\_\_\_\_ Student ID#: \_\_\_\_\_

EMAIL: \_\_\_\_\_ In what grade did you join WOT? \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Alternate: \_\_\_\_\_ Whose # is this? \_\_\_\_\_

Address: \_\_\_\_\_  
STREET ADDRESS APT# CITY STATE ZIP CODE

Citizenship Status:  US Citizen  Legal Alien  Resident  Other  
*In order to be eligible for a WOT Scholarship, applicants **must have legal status to live and work in the United States.***

Total number of people in your household: \_\_\_\_\_ Total household income for 2015 (from W2's): \_\_\_\_\_

Current **Weighted** GPA: \_\_\_\_\_ Current **Unweighted** GPA: \_\_\_\_\_

Passed **Reading FCAT**?  Yes  No Passed **Math FCAT**?  Yes  No **ACT Score**: \_\_\_\_\_

How many times have you taken the **SAT**: \_\_\_\_\_ Date of your last **SAT**: \_\_\_\_\_

**SAT Reading** Score: \_\_\_\_\_ **SAT Math** Score: \_\_\_\_\_ **SAT Writing** Score: \_\_\_\_\_

Add your **SAT Reading** and **Math** score only: \_\_\_\_\_ **SAT Score TOTAL** (Add Reading, Math & Writing): \_\_\_\_\_

Do you plan to take the **SAT** again?  Yes  No If yes, when? \_\_\_\_\_

If you have had more than 3 Excused Absences at mentoring sessions during your entire time in WOT, please explain.

Please list anyone who lives in your household who has graduated from high school (example: Mother, father, sibling...):

Please list anyone in your household who has attended and/or completed a two or four-year higher educational institution:

**Academic Plans:**

List the schools **to which you have already applied** in your order of preference and indicate whether you have been accepted as of the date of this application. Circle the Cost of Attendance that applies to you. See example below.

#	School Name	School Location (City, State)	Cost of Attendance for Commuters	Cost of Attendance for Campus Residents	STATUS (Accepted/ Not Accepted/ Waiting to Hear/ Date you will Hear)
EX	University of Florida	Gainesville, FL	11,790	20,220	Accepted
1					
2					
3					
4					
5					

To be considered for a WOT Scholarship you **MUST** complete the FAFSA ([www.fafsa.ed.gov](http://www.fafsa.ed.gov))

If you are unable to complete the FAFSA, please explain why: \_\_\_\_\_

Have you applied for Bright Futures? (Florida Financial Aid) <http://www.floridastudentfinancialaid.org> Yes No

Are you eligible for a Bright Futures Scholarship? Yes No Waiting to Hear Not Sure

If you are eligible for Bright Futures, which scholarship do you qualify for?

Florida Academic Florida Medallion Florida Gold Seal Not Sure

Do you have a personal Florida Prepaid Plan? Yes No

If yes, please indicate what type of plan you have: \_\_\_\_\_

- Please note, the Florida Prepaid Foundation does not allow a student to have more than one account. If you already have a personal Florida Prepaid account, you may be considered for other WOT scholarships.

Please list all other (non-WOT) scholarships you have applied for and indicate whether you have received the scholarship.

- Receiving other scholarships does not disqualify you from receiving a WOT scholarship.

#	Name of Scholarship	Amount of Scholarship (indicate if one-time, yearly...)	STATUS (Accepted/ Not Accepted/ Waiting to Hear/ Date you will Hear)
1			
2			
3			
4			
5			



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

# Financial Planning Form

**You must complete this form in order to apply for a WOT Scholarship. Please complete the YEARLY COST for each institution you may attend. Please include only schools to which you have already applied. You may list up to 6 (six) schools.**

The Expected Family Contribution (EFC) is the amount your family is expected to pay toward education-related expenses. In other words, this money will come from your pocket. You will receive this number once you have completed your FAFSA.

If you are eligible for Bright Futures you may receive the following annually:

Florida Academic Scholars (FAS): \$4,545/Semester at a 4-year institution / \$2,790/Semester at a 2-year institution

Florida Medallion Scholars (FMS): \$3,420 Semester at a 4-year institution / \$2,115 Semester at a 2-year institution

Gold Seal Vocational Scholars (GSV): \$3,420 – \$1,710 per year for Certificate Programs or Technical Degree Programs

School <i>Sample</i>	<i>University of Florida</i>	School 1 _____	School 2 _____
Tuition	\$ <u>6,270</u>	Tuition \$ _____	Tuition \$ _____
+ Additional Required Fees	\$ <u>1,280</u>	+ Additional Required Fees \$ _____	+ Additional Required Fees \$ _____
+ Books/Supplies	\$ <u>1,080</u>	+ Books/Supplies \$ _____	+ Books/Supplies \$ _____
+ Other Expenses	\$ <u>5,250</u>	+ Other Expenses \$ _____	+ Other Expenses \$ _____
+ Room and Board	\$ <u>5,230</u>	+ Room and Board \$ _____	+ Room and Board \$ _____
+ Transportation	\$ <u>1,110</u>	+ Transportation \$ _____	+ Transportation \$ _____
<b>= TOTAL COST OF ATTENDANCE</b>	<b>\$ <u>20,220</u></b>	<b>= TOTAL COST OF ATTENDANCE</b> \$ _____	<b>= TOTAL COST OF ATTENDANCE</b> \$ _____
– Expected Family Contribution	\$ <u>1,200</u>	– Expected Family Contribution \$ _____	– Expected Family Contribution \$ _____
<b>= FINANCIAL NEED</b>	<b>\$ <u>19,020</u></b>	<b>= FINANCIAL NEED</b> \$ _____	<b>= FINANCIAL NEED</b> \$ _____
• Pell Grant (Max: \$ 5,730)	\$ <u>4,350</u>	• Pell Grant (Max: \$ 5,730) \$ _____	• Pell Grant (Max: \$ 5,730) \$ _____
• Florida Prepaid Yearly Value	\$ <u>3,000</u>	• Florida Prepaid Yearly Value \$ _____	• Florida Prepaid Yearly Value \$ _____
• Bright Futures	\$ <u>2,250</u>	• Bright Futures \$ _____	• Bright Futures \$ _____
• Other <u>my part-time job</u>	\$ <u>1,000</u>	• Other _____ \$ _____	• Other _____ \$ _____
<b>= TOTAL FINANCIAL AID</b>	<b>\$ <u>10,600</u></b>	<b>= TOTAL FINANCIAL AID</b> \$ _____	<b>= TOTAL FINANCIAL AID</b> \$ _____
(= Pell + Bright futures + Other)		(= Pell + Bright futures + Other) \$ _____	(= Pell + Bright futures + Other) \$ _____
<b>UNMET FINANCIAL NEED</b>	<b>= 19,020 – 10,600</b>	<b>UNMET FINANCIAL NEED</b> \$ _____	<b>UNMET FINANCIAL NEED</b> \$ _____
(= Financial need – Total Financial Aid)	<b>\$ <u>8,420</u></b>	(= Financial need – Total Financial Aid)	(= Financial need – Total Financial Aid)

*Make additional copies of this form if you have more institutions.*

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

**Work Experience:**

Dates Worked:	Name of Employer:	City of Employer:	Position:	Supervisor Name:	Supervisor Phone #:

**Community Service** (Indicate below if you volunteered for **Women of Tomorrow**):

Volunteer Dates:	Organization:	# of Hours Volunteered:	Duties:	Supervisor Name:	Supervisor Phone #:

**Extra-Curricular Activities, Clubs or Sports:**

Dates Active:	Organization/Type of Activity:	Position:	Duties:

**Special Awards, Honors, or other Accomplishments you are proud of:**

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**Did you have a special role in your Women of Tomorrow group? Please explain:**

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**Briefly state your career goals.** If you do not have specific career goals, please list your top three interests (for example: nursing, other medical field, law, business, banking, retail).

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



## Parent/Guardian Information

What is the name of your **primary** parent/guardian/caretaker? \_\_\_\_\_

Do you live with this person?  Yes  No What is this person's relationship to you: \_\_\_\_\_

Age: \_\_\_\_\_ Languages:  English  Spanish  French  Creole  Other \_\_\_\_\_

Primary Race/Ethnicity (choose only one):

African American/Black  American Indian/Alaska Native  Arab/Middle Eastern  Asian/Indian  Haitian  
 Hispanic/Latina  Jamaican  Native Hawaiian/Other Pacific Islander  White  Other: \_\_\_\_\_

Employment Status:  Employed  Self-Employed  Unemployed  Retired  Disabled  Other

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Cell: \_\_\_\_\_ Alternate #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

What is the name of your **other** parent/guardian/caretaker? \_\_\_\_\_

Do you live with this person?  Yes  No What is this person's relationship to you: \_\_\_\_\_

Age: \_\_\_\_\_ Languages:  English  Spanish  French  Creole  Other \_\_\_\_\_

Primary Race/Ethnicity (choose only one):

African American/Black  American Indian/Alaska Native  Arab/Middle Eastern  Asian/Indian  Haitian  
 Hispanic/Latina  Jamaican  Native Hawaiian/Other Pacific Islander  White  Other: \_\_\_\_\_

Employment Status:  Employed  Self-Employed  Unemployed  Retired  Disabled  Other

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Cell: \_\_\_\_\_ Alternate #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**STUDENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Relationship to student :** \_\_\_\_\_



# Scholarship Essay & Personal Statement

2015-2016

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## Personal Statement (Separate from essay)

Your Personal Statement should be typed in 12 point font and double-spaced on 8 ½ x 11 white paper, one page minimum. Be sure to answer each question below, in numbered sections as follows:

- 1) A brief personal history
  - 2) A description of any extenuating circumstances or obstacles you have faced in your life and their outcome.
  - 3) A description of what Women of Tomorrow meant to you, including if you had a special role within the group.
  - 4) Tell us about your most memorable experience in Women of Tomorrow.
  - 5) An explanation of your career goals and your education plan to achieve them, including what you have accomplished so far.
  - 6) Explain how you plan to use the skills you've learned in Women of Tomorrow during your college and career experiences.
  - 7) An explanation of how, if awarded, you would use the scholarship funds to fulfill your unmet need for educational expenses (please note Women of Tomorrow typically does not fulfill the entire unmet need).
  - 8) Other – anything else you wish to share should be in this section (*This is your opportunity to speak directly to the Scholarship Committee, your chance to express who you are and describe any unusual or extenuating circumstances in your life*)
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## Essay

Please select one of the following three essay questions. Your essay should be typed in 12 point font and double-spaced on 8 ½ x 11 white paper, one page maximum (300-500 words).

**Plagiarism is grounds for disqualification.**

- 1) If you could be any character in a book that you have read, who would you be and why? Would you have followed the same path as the character? If so, why? If not, what would you have done differently?
- 2) If you could spend a day talking with any person in history, who would you spend that day with and why? What would you hope to learn from the experience?
- 3) Do you believe that female leaders differ from their male counterparts in areas of business, politics or government? If so, how and in what ways and do you see that as positive or negative? If not, how are they similar and do you see that as positive or negative?