



Racial Ethnic and Women's Ministries/Presbyterian Women

Presbyterian Church (U.S.A.)

National Network of Presbyterian College Women (NNPCW)

NEW IMMIGRANT SCHOLARSHIP APPLICATION (2008-2009 AWARD)

ELIGIBILITY REQUIREMENTS

Student must be:

- a new immigrant to the United States (a non-citizen of the U.S.A., anyone—**regardless of immigration status**—who has been living in the country for five years or less);
- a woman between the ages of 18 and 25;
- an applicant of or student at an accredited post-secondary institution of higher learning (i.e. college, university, or trade school);
- involved in and with the Christian church (preference will be given to those affiliated with the Presbyterian Church (USA));
- able to demonstrate financial need.

HOW TO APPLY

Complete the application, including these items:

- the financial information page of this application;
- for first-year students, a high school transcript though fall 2007;
- for second-year students and above, transcripts from all colleges or universities in which the student is presently or has been previously enrolled;
- two sealed letters of recommendation, with recommender's signature over the seal to ensure confidentiality;
- two essays typed and double-spaced (the questions are listed below).

AWARD

\$1,000 for study at an accredited post-secondary institution in the United States.

This award is renewable for up to one year.

DEADLINE

Applications must be **postmarked by May 30, 2008**.

OUR PROCESS

The scholarship selection committee will meet once in June, and again in early July if needed. Students will be notified of their status by July 15, 2008.

MAIL COMPLETED APPLICATION TO:

Presbyterian Church (USA)
National Network of Presbyterian College Women
Attn: Scholarship Application
100 Witherspoon Street
Louisville, KY 40202-1396

QUESTIONS?

Contact Noelle Tennis Gulden:
Toll free: 1-888-728-7228, ext. 5848
Email: noelle.gulden@pcusa.org



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NEW IMMIGRANT SCHOLARSHIP APPLICATION (2008-2009 AWARD)

NAME: _____
(FIRST) (MIDDLE) (LAST)

NAME OF SCHOOL: _____

STUDENT ID NUMBER: _____

PERMANENT CONTACT INFORMATION:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER(S) (DAY): _____ (EVENING): _____

EMAIL ADDRESS: _____

SCHOOL CONTACT INFORMATION:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER(S) (DAY): _____ (EVENING): _____

EMAIL ADDRESS: _____

OTHER INFORMATION:

HOW DID YOU HEAR ABOUT THE NNPCW SCHOLARSHIP? _____

DATE OF BIRTH (MO/DATE/YR): ____/____/____

COUNTRY OF ORIGIN: _____

IMMIGRATION STATUS (THIS INFORMATION IS CONFIDENTIAL AND IS ONLY USED TO ENSURE THAT U.S. CITIZENS DO NOT APPLY, AS THEY ARE NOT ELIGIBLE.) CHECK **ONE**:

U.S. CITIZEN: _____

PERMANENT RESIDENT: _____

NON-IMMIGRANT: _____ (PLEASE INDICATE VISA: _____)

OTHER: _____

Name _____

EDUCATION INFORMATION:

LIST ALL SECONDARY AND POST-SECONDARY EDUCATIONAL INSTITUTIONS ATTENDED, BEGINNING WITH MOST RECENT.

	NAME	CITY, STATE	DATES ATTENDED	DEGREE RECEIVED
COLLEGE/ UNIVERSITY				
COLLEGE/ UNIVERSITY				
HIGH SCHOOL				
OTHER				

YEAR IN SCHOOL: __ 1ST __ 2ND __ 3RD __ 4TH __ OTHER ANTICIPATED GRADUATION DATE: _____

MAJOR(S): _____

MINOR(S): _____ CUMULATIVE GPA: _____/4.0

ACTIVITIES/EMPLOYMENT:

PLEASE LIST UP TO THREE JOBS AND THREE ACTIVITIES BELOW (BOTH COMPENSATED AND NON-COMPENSATED). LIST THE ONES YOU CONSIDER MOST RELEVANT TO YOU AND THIS SCHOLARSHIP.

PAST EMPLOYMENT

EMPLOYER/COMPANY	DATES OF EMPLOYMENT	PERFORMANCE/JOB DUTIES

ACTIVITIES

ORGANIZATION	FOCUS/MISSION	DATES OF ENROLLMENT	LEADERSHIP POSITIONS HELD

Name _____

ESSAYS

PLEASE ANSWER THE FOLLOWING QUESTIONS IN 300-400 WORDS ON A SEPARATE PAGE. YOUR ANSWERS SHOULD BE TYPED AND DOUBLE-SPACED, AND THE QUESTIONS SHOULD BE RETYED BEFORE YOUR ANSWERS.

- 1) How does your faith inform your studies and your vocational choice?

- 2) NNPCW’s mission states, “We are young women connected by our belief if God, seeking a Christian faith that empowers women.” How do you integrate this mission, as well as the objectives of NNPCW, into your life, particularly as a student?

RECOMMENDATIONS

PLEASE INCLUDE 2 RECOMMENDATIONS. ONE MUST COME FROM THE GOVERNING BODY OF YOUR CHURCH AND ANOTHER FROM A PERSONAL REFERENCE OF YOUR CHOICE NOT RELATED TO YOU, PREFERABLY ACADEMIC.

REFERENCE FROM CHURCH GOVERNING BODY:

NAME OF GOVERNING BODY MEMBER	PHONE NUMBER
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TITLE/ORGANIZATION

MAILING ADDRESS	CITY	STATE/ZIP
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PERSONAL REFERENCE:

NAME OF PERSONAL REFERENCE	PHONE NUMBER
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TITLE/ORGANIZATION

MAILING ADDRESS	CITY	STATE/ZIP
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Name _____

FINANCIAL INFORMATION:

IF YOU HAVE NOT RECEIVED FINANCIAL AID INFORMATION FOR 2008-2009, PLEASE ESTIMATE USING YOUR 2007-2008 INFORMATION. **IF YOU FEEL THIS FORM DOES NOT ADEQUATELY PORTRAY YOUR FINANCIAL NEED, PLEASE INCLUDE A LETTER STATING YOUR EXTENUATING CIRCUMSTANCES OR ANY OTHER INFORMATION THAT WOULD BE HELPFUL IN ASSESSING YOUR FINANCIAL NEED.**

MARITAL STATUS:

- SINGLE
- MARRIED
- DIVORCED
- OTHER (EXPLAIN: _____)

DID YOU COMPLETE A FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA)? YES NO

DO YOU HAVE ANY DEPENDANTS (CHILDREN OR SPOUSE)? NO YES (HOW MANY? _____)

CAN SOMEONE STILL CLAIM YOU AS A DEPENDANT? NO YES (WHO? _____)

RESIDENCE: ON-CAMPUS OFF-CAMPUS

STUDENT (AND SPOUSE) EXPENDITURES		STUDENT (AND SPOUSE) INCOME	
TUITION AND FEES	\$	FEDERAL GRANTS AND LOANS (UN/SUBSIDIZED & WORK STUDY)	\$
BOOKS AND SUPPLIES	\$	CONTRIBUTIONS/GIFTS	\$
ROOM AND BOARD/FOOD	\$	INSTITUTIONAL AID	\$
TRANSPORTATION/CAR	\$	OUTSIDE AWARDS AND SCHOLARSHIPS	\$
PERSONAL EXPENSES	\$	ADJUSTED GROSS INCOME	\$
TOTAL EXPENDITURES	\$	TOTAL INCOME	\$

I understand that the above information will be disclosed to National Network of Presbyterian College Women (NNPCW) staff and members of the Scholarship Selection Committee, except where required by law. The NNPCW Scholarship Selection Committee consists of members, staff and alumnae of the Network. Information contained within this application will not be shared with outside marketers and will be kept secure and confidential. If I receive this scholarship, the use of monies will be deposited directly to my educational institution only to be used for books and tuition. I agree to report on my use of scholarship funds biannually to the Scholarship Selection Committee. Failure to do so could result in loss of scholarship.

SIGNATURE OF APPLICANT

DATE

NEW IMMIGRANT SCHOLARSHIP APPLICATION – REFERENCE FROM CHURCH GOVERNING BODY

Applicant: Please complete the first section, including your signature, and give this form and an envelope to your church's governing body.

Name of Applicant

I understand that this recommendation will be used only for the purpose of scholarship decisions, that I have the right of access or may waive my right of access to it, and that failure to check a box and sign it DOES NOT waive my access to this recommendation

I hereby waive my right of access to this recommendation.

I do NOT waive my right of access to this recommendation.

Applicant's Signature

Date

Instructions for Church Governing Body Reference

This applicant is applying for a National Network of Presbyterian College Women (NNPCW) Scholarship. The Scholarship Committee is interested in your careful assessment of this applicant. When completed, please return the form and letter, in a sealed envelope with your signature over the flap, to the applicant.

Please use additional letterhead to comment on each of the following areas in which you have firsthand experience of this applicant's strengths, weaknesses and relative maturity:

- commitment to the Christian faith and women's issues locally, nationally and globally,
- personality and character, and
- how she works for justice and reconciliation in both the church and society.

Printed Name Church Governing Body Member

Title/Organization

Signature of Reference

Date

How long have you known this applicant?

In what capacity have you known this applicant?

NEW IMMIGRANT SCHOLARSHIP APPLICATION – PERSONAL OR ACADEMIC REFERENCE

Applicant: Please complete the first section, including your signature, and give this form and an envelope to your personal or academic reference.

Name of Applicant

I understand that this recommendation will be used only for the purpose of scholarship decisions, that I have the right of access or may waive my right of access to it, and that failure to check a box and sign it DOES NOT waive my access to this recommendation

- I hereby waive my right of access to this recommendation.
 I do NOT waive my right of access to this recommendation.

Applicant's Signature

Date

Instructions for Personal or Academic Reference

This applicant is applying for the National Network of Presbyterian College Women (NNPCW) Scholarship. The Scholarship Committee is interested in your careful assessment of this applicant. When completed, please return the form and letter, in a sealed envelope with your signature over the flap, to the applicant.

Please use additional letterhead to comment on each of the following areas in which you have firsthand experience of this applicant's strengths, weaknesses and relative maturity:

- commitment to Christian faith and women's issues locally, nationally and globally,
- personality and character, and
- how she works for justice and reconciliation in both the church and society.

Printed Name of Personal/Academic Reference

Title/Organization

Signature of Reference

Date

How long have you known this applicant?

In what capacity have you known this applicant?
