



PRESBYTERIAN CHURCH (USA)

GENERAL ASSEMBLY MISSION COUNCIL
NATIONAL NETWORK OF PRESBYTERIAN COLLEGE WOMEN

NNPCW SCHOLARSHIP APPLICATION (2010-2011 AWARD)

ELIGIBILITY REQUIREMENTS

Student must be:

- a woman between the ages of 18 and 25;
- an undergraduate student at an accredited college or university in the United States;
- involved in a Christian church or campus ministry;
- able to demonstrate financial need.

APPLICATION CHECKLIST

Each application that is received by our office must include the following items **in one envelope**. Please do **not** mail items separately, or your application might not be considered.

- Biographical Information page (page 1 of the application);
- Education and Employment Information page (page 2 of the application);
- Financial Information page (page 3 of the application);
- A narrative (one paragraph) explaining your financial need;
- Essay and Recommendations page (page 4 of the application);
- Two essays typed and double-spaced (questions are listed below);
- Two sealed letters of recommendation, with recommender's signature over the seal to ensure confidentiality;
- For first-year students, a high school transcript though fall 2008;
- For second-year students and above, transcripts from all colleges or universities in which the student is presently enrolled or has been previously enrolled.

AWARD

\$1,500 for study at an accredited college or university in the United States, to be used for tuition. This award is non-renewable.

DEADLINE

Applications must be **postmarked by March 15, 2010**.

MAIL COMPLETED APPLICATION TO:

Lydia Kim
National Network of Presbyterian College Women
100 Witherspoon Street #3044
Louisville, KY 40202-1396

QUESTIONS?

Contact Lydia Kim:

Toll free: 1-800-728-7228, ext. 5848

Email: lydia.kim@pcusa.org

Page 1: Biographical Information

NNPCW SCHOLARSHIP APPLICATION (2010-2011 AWARD)
[DUE DATE: MARCH 15, 2010]

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

NAME OF COLLEGE OR UNIVERSITY: _____

STUDENT ID NUMBER: _____

APPLICANT'S PERMANENT CONTACT INFORMATION:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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

EMAIL ADDRESS: _____

APPLICANT'S 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): ____/____/____

RACIAL ETHNIC BACKGROUND (CHECK ALL THAT APPLY):

- AFRICAN AMERICAN
- ASIAN AMERICAN
- CAUCASIAN/WHITE
- HISPANIC AMERICAN
- MIDDLE EASTERN AMERICAN
- NATIVE AMERICAN
- OTHER OR MULTI-RACIAL: _____

Page 2: Education and Employment Information 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

Page 3: Financial Information

Name _____

FINANCIAL INFORMATION:

IF YOU HAVE NOT RECEIVED FINANCIAL AID INFORMATION FOR 2010-2011, PLEASE ESTIMATE USING YOUR 2009-2010 INFORMATION. **PLEASE ATTACH A SHORT PARAGRAPH OUTLINING YOUR SPECIFIC FINANCIAL SITUATION, OUTLINING ANY INFORMATION THAT WOULD BE HELPFUL TO US 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

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 in God, seeking a Christian faith that empowers women.” Please share with us how you have worked for the empowerment of women during your lifetime.

RECOMMENDATIONS

PLEASE INCLUDE 2 RECOMMENDATIONS. ONE MUST COME FROM A LEADER IN YOUR FAITH COMMUNITY, AND ANOTHER MUST COME FROM A PERSONAL REFERENCE OF YOUR CHOICE (SOMEONE NOT RELATED TO YOU; PREFERABLY AN ACADEMIC REFERENCE).

REFERENCE FROM FAITH COMMUNITY LEADER:

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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NNPCW SCHOLARSHIP APPLICATION – REFERENCE FROM FAITH COMMUNITY LEADER

Applicant: Please complete the first section of this form, including your signature, and give this form and an envelope to your church's governing body. Please have your reference return this form (and all attachments) to you in a sealed envelope with their signature over the seal.

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 Faith Community Leader 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?

NNPCW SCHOLARSHIP APPLICATION – PERSONAL OR ACADEMIC REFERENCE

Applicant: Please complete the first section of this form, including your signature, and give this form and an envelope to your personal or academic reference. Please have your reference return this form (and all attachments) to you in a sealed envelope with their signature over the seal.

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?
