



QUOTA INTERNATIONAL OF CENTRAL OREGON CENTRAL OREGON WOMEN'S SCHOLARSHIP FUND APPLICATION

The Central Oregon Women's Scholarship Fund is a scholarship program created by local professional women. The purpose of this volunteer effort is to offer scholarships to Central Oregon women who need help in reaching their educational goals. This scholarship opportunity will benefit those entering college for the first time and those wanting to return to school. The goal is to award a minimum of five \$1,000 scholarships each year. The amount of the scholarships and the number of recipients will be decided upon by the Selection Committee. **Applications will be accepted until March 15.** Notification of selection of scholarships will be mailed by May 1. Scholarships will be disbursed directly to the schools once recipients have provided a student ID for the school they will be attending, name of the school, department and address of where funds need to be sent. For continuing education not at a college or university, a bill or invoice from the institution will be required.

CRITERIA FOR SELECTION OF SCHOLARSHIP RECIPIENTS:

These awards recognize women for their contributions to community, school, and home. They are not necessarily awarded for academic achievement, but rather for the applicant's demonstrated commitment to improve the quality of life in the Central Oregon community.

The recommended guidelines for choosing a recipient will include the following:

1. Attends, or enrolled in, a community college, university, technical or vocational school
2. Female
3. Resident of Central Oregon for at least one year
4. Proven financial need as evidenced by submission of tax returns
5. Involvement in volunteer activities and/or community service
6. Has specific career goals
7. Positive references (two letters of recommendation required)
8. Content of completed essay questions
9. Did not receive this scholarship the prior year. Awardees can receive up to two scholarships, however not in consecutive years.

Completed applications must be received no later than March 15th

Mail application to:

Q. I. of Central Oregon
Attn: Service Chair - Women's Scholarship
PO Box 1372
Bend, OR 97709

or Email to:

quotaofcoservice@gmail.com

REFERENCES:

References must be from two adults not related to applicant. It is the applicant's responsibility to obtain personal references and either turn them in with the application or verify that they are sent in by those providing the references. Applicant should carefully select who will provide references, as the more the individual knows about applicant's circumstances, victories and challenges met, the greater chance applicant will have for being selected as a recipient.

QICO WOMEN'S SCHOLARSHIP APPLICATION FORM

Name: _____ Date: _____
 (Last) (First) (MI)

Home address _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Email: _____

Are you a U.S. citizen or Legal Resident Alien? **YES** or **NO**

Birthdate: _____ How long have you resided in Central OR? _____

Highest level of academic achievement: _____

High school attended: _____

GPA: _____ Have you or when will you graduate? _____

Are you currently employed? **YES** or **NO**

 If **yes**, where: _____ Occupation: _____

Marital status: Single _____ Married _____ Separated _____ Divorced _____

Total Number of Dependents: _____

Have you filed a tax return for the prior two years? **YES** or **NO**

 If **yes**, please provide a copy of each year, **BLACKING OUT** all Social Security numbers.

Are you currently living with parents, legal guardian or spouse? **YES** or **NO**

 If **no**, who are you living with? _____

 If **yes**, please provide a copy of the first 2 pages of your parent's/guardian's/spouse's if **not filed joint** tax returns for last year, **BLACKING OUT** all Social Security numbers.

How many people are living in your household? _____

Are any of the people in your household deaf, hearing impaired or disabled? **YES** or **NO**

If **yes**, please explain:

Have you qualified for or received scholarships or grants? **YES** or **NO**

If **yes**, please explain:

Have you ever received a scholarship or donations from Quota International? **YES** or **NO**

If **yes**, please explain:

Will you receive other income such as financial aid, cash awards, loans, child support, alimony, savings, or trust funds while attending school/college/university? **YES** or **NO**

If **yes**, please explain:

Name and address of the school/college/university you are planning to attend:

What is your estimated start date? _____

Do you have a **student ID number** for the school/college/university **you plan to attend** (not your current High School ID)? **YES** or **NO**

If **yes**, please provide the ID number if known: _____

Degree and/or career that you plan to pursue: _____



RELEASE FORM

**QUOTA INTERNATIONAL OF CENTRAL OREGON
CENTRAL OREGON WOMEN'S SCHOLARSHIP FUND**

Applicant's Name: _____

By signing this release form, I give my permission to Quota International of Central Oregon and/or Bend Women's Scholarship Fund to use my name for any publicity the Board of Directors deems appropriate.

Signature: _____ Date: _____