

**QUOTA INTERNATIONAL OF CENTRAL OREGON  
2017 CENTRAL OREGON WOMEN'S SCHOLARSHIP FUND**

**Scholarship application to be mailed to:**

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

**or emailed to:**

quotaofcoservice@gmail.com

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, 2017.** Notification of selection of scholarships will be mailed by May 1, 2017.

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:

- Applicant must be attending or enrolled in a community college, college, university, technical or vocational school
- Applicant is female
- Applicant has been a resident of Central Oregon for at least one year
- Applicant demonstrates financial need
- Previous school and community activities
- Volunteer activities and/or community service
- Career goals
- Copy of most recent tax return or applicant's parent/guardian's tax return if applicant is being claimed as a dependent
- Two letters of recommendation
- Essay answers
- Applicant did not receive a scholarship the prior year from Quota International of Central Oregon. It is possible to receive up to two scholarships, but the awards cannot be received in consecutive years.

**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.

**CENTRAL OREGON WOMEN'S SCHOLARSHIP APPLICATION FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(last) (first) (m.i.)

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 Bend, 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 2015 or 2016? **YES** or **NO** If **yes**, please provide a copy, **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** 2016 tax returns, **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:

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Have you ever received a scholarship or donations from Quota International?  
**YES** or **NO** If **yes**, please explain:

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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:

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

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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 number if known: \_\_\_\_\_

Degree and/or career you plan to pursue: \_\_\_\_\_



## REFERENCE FORM

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

Applicant's Name: \_\_\_\_\_

The above has applied for the Quota International of Central Oregon, Central Oregon Women's Scholarship Fund. Please provide responses to each question listed. If more space is needed, use the back side of this page. Type or use black ink.

1. How long have you known the applicant and in what capacity?
2. What is your assessment of the applicant's academic achievement, personal abilities, or community involvement? (Please respond to the category with which you are most familiar.)
3. Are there unique factors that make the applicant especially worthy of receiving this scholarship (special talents, self-directed life, inspirational past, college goals, etc.)?

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your assistance

**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: \_\_\_\_\_