

**Women Scholarship Program 2009-2010**

**PURPOSE:** To encourage the advancement of adult Latino women through education. To support Latino women facing educational, life style, and cultural challenges to better adapt to societal changes.

Scholarship amounts range according to the cost spent on education, and can be renewed upon successful completion of prior course to students who qualify under the requirements stated below.

**APPLICATION DEADLINE: APRIL 11, 2009.**

**WHO CAN APPLY:** Any adult Latin American woman, age 25 or older, who is registered for courses for a vocational, technical, or academic career. The program must provide accreditation and/or certification of a trade, business, or an academic degree.

**HOW TO APPLY:** Complete the enclosed application and fulfill the following:

Basic Requirements\*

1. First or second generation Hispanic/Latino descent
2. 25 years of age or older
3. Must reside in the Charlotte Mecklenburg area, Union, Gaston, Cabarrus, Iredell, or Rowan counties
4. Must have proof of enrollment in a program for a technical or non-technical career indicating the total cost incurred
5. Must be active in the community via participation or volunteer work for an institution
6. Send proof of enrolment into a program in the geographical area outlined above
7. Two letters of recommendation: One from the organization where volunteer work is performed. One from former teachers, peers, or supervisors. (No family member letters)
8. A personal letter talking about yourself, career goals and plans, reason for applying for the scholarship, and how it will impact in your life
9. Personal interview with members of the Scholarship Committee if requested

Renewal Requirements

1. Must be a recipient of a LAWA Women scholarship in the past
2. Must have proof of enrollment in a program for a technical or non-technical career indicating the total cost incurred
3. Must be active in the community via participation or volunteer work for an institution
4. A personal letter talking about yourself, career goals and plans, reason for applying for the scholarship, and how it will impact in your life
5. Documentation of successful completion of last course with at least a "B" as the final grade

**SELECTION PROCESS:** A scholarship committee appointed by LAWA will select the recipients of the scholarships from applicants based on established criteria. Recipients will be notified by e-mail or phone.

**APPLICATION DEADLINE: April 11, 2009.** Send complete application to:

LAWA Women Scholarships  
P.O. Box 471854  
Charlotte, NC 28247

If you have any questions or need additional information, please send an e-mail to [info@lawanc.org](mailto:info@lawanc.org), or call (704) 552-1003.

**LATIN AMERICAN WOMEN'S**  
ASSOCIATION



**Women Scholarship Program**

**APPLICATION 2009-2010 - DEADLINE: April 11, 2009**

*Please complete the following application form. Type or print clearly.*

NEW \_\_\_ RENEWAL \_\_\_

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

Address: \_\_\_\_\_

Phones: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Place of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Institution to Attend: \_\_\_\_\_

Institution's Location: \_\_\_\_\_

Technical or Academic Degree or Certification to be completed: \_\_\_\_\_

Year Expected to Complete: \_\_\_\_\_ Total Credits Required: \_\_\_\_\_

Do you work outside of your home? Yes \_\_\_ No \_\_\_ Hours per week? \_\_\_\_\_

Do you receive other type of scholarship/financial aid from another organization? Yes \_\_\_ No \_\_\_

Name of the organization: \_\_\_\_\_ Location: \_\_\_\_\_

How many children are currently living in the household? \_\_\_\_\_

List each child living in the household in the space provided below. Make sure you supply all information.

Name	School	Age

Are you eligible to file for Federal Student Aid (FAFSA)?  YES  NO

Estimated household yearly income \$ \_\_\_\_\_

If yes, have you filed? \_\_\_\_\_

How would you promote this scholarship among other Latino women in your community?

\_\_\_\_\_

\_\_\_\_\_

How did you find out about LAWA's Women Scholarship program?

Friend \_\_\_\_\_ Relative \_\_\_\_\_ Paper/Radio \_\_\_\_\_ Other \_\_\_\_\_

In the last year, list the places where you have served as a non-paid volunteer:

Name of Place and Location	Contact Name	Phone Number	Hrs/Yr

If additional space is needed, please attach a sheet. Include your name.

**\*\*\*\*\*All the information provided is subject to verification\*\*\*\*\***

**APPLICATION DEADLINE**

**All Documents MUST be sent by mail and postmarked no later than**

**April 11, 2009**

**LAWA Women Scholarships  
P. O. Box 471854, Charlotte, NC 28247**

**If you have any question or need additional information, please send an e-mail to  
womenscholarship@lawanc.org, or call 704-552-1003**

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