



Kalamazoo Community Foundation
WOMEN'S EDUCATION COALITION GRANT PROGRAM

The Women's Education Coalition is a cooperative venture of Alpha Kappa Alpha Sorority, Inc.; Delta Sigma Theta Sorority, Inc.; Kalamazoo Network and the YWCA of Kalamazoo. Its purpose is to provide renewable grant assistance to women who are currently underemployed or unemployed and in need of education to become financially self-sufficient.

Who is eligible?

Women residing in Kalamazoo, Barry, Calhoun, Allegan, St. Joseph and Van Buren counties who are U.S. Citizens or Permanent Resident Aliens (green card holders) are eligible for WEC grants. Priority will be given to underemployed, working mothers. Applicants must be adult women who have had a significant break in their formal education and can demonstrate how post-high school education will help them reach their goals of increased financial independence. They may enroll in any educational curriculum or program or professional development opportunity that will lead to employment or improved employment. They must be admitted to the institution of their choice. Both part-time and full-time students may apply for assistance.

How can the grant be used?

Grants may be used to pay for tuition, fees, books, child care, transportation and other educational needs for graduate, undergraduate, certificate and professional development educational programs. In most cases, the grant dollars will be issued directly to the educational institution.

Is there a maximum or minimum award?

No. Awards are given based on the need of the grant recipient. If unforeseen circumstances arise after the award has been determined in any given year, applicants may notify the selection advisory committee, which may recommend an additional award. Grant recipients may apply to renew their awards as long as they are in good standing at their institution.

How are the awardees chosen?

Each applicant is asked to provide a statement of goals, a personal/work history, letters of recommendation, and financial information that demonstrates the need for financial assistance. All information is confidential. Applications are evaluated by the WEC Selection Advisory Committee, which gives priority to the following factors in the order listed:

- Evaluation of the applicant's plan
- Financial need, including analysis of the Free Application for Federal Student Aid when appropriate
- Special circumstances

WEC applications may be obtained by contacting:

Women's Education Coalition Grant Program
Kalamazoo Community Foundation
151 South Rose Street, Suite 332
Kalamazoo, MI 49007
Phone: 269/381-4416 Fax: 269/381-3146
Web: www.kalfound.org

Application Deadline: May 15, 2011 or the next business day if May 15 falls on a weekend.

WOMEN'S EDUCATION APPLICATION CHECKLIST



Consider how your completed application will appear to the advisory committee, which recommends the grant finalists. Your application represents you, so its appearance is important.

The following suggestions are made to assist you in completing your grant application.

- 1) Make a copy of the application and complete a draft before writing on the original application.
- 2) Respond to every question that applies to you or write N/A if it doesn't apply to you.
- 3) Include all supporting documentation (see grant application cover page). If you are unable to include the information requested, please explain why.
- 4) When you write about your personal ambitions and goals, provide enough information so the advisory committee clearly understands your plans and can recognize your potential.
- 5) Be sure your handwriting is legible if you do not type your responses.
- 6) Double-check your spelling.
- 7) Ask someone to proofread the application.

We appreciate the time and energy you put into completing your application and wish you the very best in your endeavors!

GRANT APPLICATION COVER PAGE

I am applying for a Women's Education Coalition Grant. I understand that only complete applications will be considered and that the following information must be received by the Kalamazoo Community Foundation **no later than 5:00 p.m. on May 15 or the next business day if May 15 falls on a weekend:**

A. I understand that as a certificate and degree-seeking applicant I must provide:

- A completed grant application. Remember to answer every question that applies to you.
- A carefully prepared statement of my goals and ambitions. **Not to exceed 3 pages.**
- Two letters of recommendation from people who know me well, but are not family members (such as an instructor, counselor, pastor, employer, social worker).
- An official copy of my college transcript(s) if I've completed course work in the past 5 years.
- Verification that I have applied for financial aid (Free Application for Federal Student Aid):
 - I completed the 2011/2012 Free Application for Federal Student Aid on / /2011.
 - I have filled out only the top of the Financial Information Summary form that was attached to this application and have forwarded it to the college/university.
 - I will not be applying for financial aid. I am including tax returns or a copy of my W-2. **If you are submitting a W-2, please "black out" your Social Security Number.**
Explanation of why you are not eligible to file a FAFSA:

B. I understand that as a seminar and workshop applicant I must provide:

- A completed grant application. *Remember to answer every question that applies to you.*
- A carefully prepared statement of my goals and ambitions. **Not to exceed 3 pages.**
- Two letters of recommendation from people who know me well, but are not family members (such as an instructor, counselor, pastor, employer, social worker).
- A detailed budget for the seminar/workshop and a list of other financial resources, including the amount I can contribute.

CERTIFICATION

I hereby affirm that the information provided on this form and in the accompanying material is accurate and complete to the best of my knowledge. In addition, it is my understanding that all information contained in my application may be shared with the grant selection advisory committee and that efforts will be made to protect the privacy of the information.

Applicant's Signature

Date

Kalamazoo Community Foundation
151 South Rose Street, Ste. 332 • Kalamazoo, MI 49007-4775
Phone 269/381-4416 • Fax 269/381-3146 • Web www.kalfound.org

*The Women's Education Coalition is a cooperative venture of:
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Last/First/Middle Name _____

Permanent Address _____

City/State/Zip _____, _____

Home Telephone () - Work Telephone () -

Email _____

County in which you reside _____ Age _____

How did you hear about the Women's Education Coalition Grant? _____

Marital Status Single Married Separated Divorced Widowed

Family Income Range (all sources)

- Under \$10,000 \$10,000 – \$19,999 \$20,000 – \$29,999
 \$30,000 – \$39,000 \$40,000 – \$49,000 \$50,000 and above

How many people does this family income support? _____

Name of Dependent	Age	Relationship to You

Indicate membership in the following organizations (membership is not required for application):

- Alpha Kappa Alpha Sorority, Inc. The Kalamazoo Network
 Delta Sigma Theta Sorority, Inc. YWCA of Kalamazoo

The following information is optional.

Race/Ethnicity (This question is optional. You may check more than one box.)

- African American Asian Indian Native American
 Asian/Pacific Islander Caucasian Multi-racial
 Other _____

Do you have a handicapping condition as defined by the Americans with Disabilities Act? Yes No

Are you a veteran? Yes No

POST-HIGH SCHOOL INFORMATION

Please complete this section only if you are applying for financial assistance to earn a certificate or college degree.

Are you currently enrolled in school? Yes No

If yes, please provide the name of the school _____

School you will attend during the coming academic year _____

Type of Degree Certificate/Diploma Associate's Bachelor's Graduate

Year in school during the coming academic year Fr Soph Jr Sr Grad 1 2 3 4

Will you be a full-time student? Yes No

Please indicate the # of credits you plan to take in each of the following sessions:

_____ Fall _____ Winter _____ Spring _____ Summer

Major Field of Study _____ Expected Graduation Date _____ / _____

How will you use this grant? _____

Approximate Need \$ _____

SEMINAR & WORKSHOP INFORMATION

Please complete this section **only** if you are applying for financial assistance to attend a seminar or workshop.

Name of seminar or workshop _____

Brief description of the seminar/workshop _____

Sponsored by _____

Location _____

Dates of seminar or workshop _____ Registration Fee \$ _____

Please provide the costs associated with the following:

Lodging	\$ _____
Course Materials (if not included in the registration)	\$ _____
Transportation	\$ _____
Meals	\$ _____
TOTAL	\$ _____

What amount can you contribute toward the cost of the seminar/workshop? \$ _____

What other financial resources are available to you? _____

Name _____

EDUCATIONAL HISTORY

High School _____

Date of Graduation ____ / ____ / ____ Or Date of GED ____ / ____ / ____

Please list educational institutions you have attended as well as workshops, seminars, etc. Provide only post-high school information. Begin with the most current information.

Name of Institution	Number of Cr. Hours	GPA	Dates Attended	Degree Earned

WORK/VOLUNTEER EXPERIENCE

Please list your work and/or volunteer experience during the past four years, beginning with your most recent position. If additional space is needed, please provide the information on a separate page.

Employer	Position	Hours/Week	Beginning and Ending Dates	Salary or Hourly Pay Rate

STATEMENT OF GOALS AND CIRCUMSTANCES

Please carefully describe your educational goals on a separate page. **Your response should not exceed three double-spaced pages** and must include answers to the following three questions:

1. What are your educational and personal goals for the future and how will a degree, certification or seminar/workshop assist you in meeting these goals?
2. What have been the circumstances or stumbling blocks that have prevented you from achieving your educational and personal goals?
3. What steps have you already taken toward achieving your goals?

IMPORTANT NOTE: Please be assured all information provided in your application will remain confidential except as noted on the grant cover page.



WOMEN'S EDUCATION COALITION

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Financial Information Summary

To the Scholarship Applicant Please provide the following information before taking this form to the Student Financial Aid Office.

I authorize _____ to release the information requested below to the
(college/university)
Kalamazoo Community Foundation for consideration during the scholarship selection process.

Name of Student: _____
Address: _____
City/State/Zip: _____
Student College ID #: _____ - _____ Phone: (____) _____ - _____
Email: _____ Date: ____/____/____
Student's Signature: _____

To the Financial Aid Office The above named student is applying for the Women's Education Coalition grant. Please complete the following information and postmark to the address listed below by May 15, 2011 or the next business day if May 15 falls on a weekend.

Kalamazoo Community Foundation Scholarship Program
151 South Rose Street, Suite 332
Kalamazoo, MI 49007-4775
Phone: 269/381-4416
Fax: 269/381-3146

Please enter the results of your calculation using the methodology applicable to an external scholarship award.

College Cost/Budget for 2011/2012	\$
Parent Contribution	\$
Student Contribution	\$
Calculated Need for 2011/2012	\$

This student was evaluated as A dependent student An independent student

The student's grade level classification in the fall of 2011 will be _____

Form Continued on Next Page

Student College ID #: _____

To the Financial Aid Office Information for the 2011/2012 academic year should reflect the aid package offered to the student.

Gift Aid	Amount Offered
College Gift Aid	
Grants	\$ _____
Scholarships	\$ _____
Federal Grants/Pell & SEOG	\$ _____
Michigan Competitive or Tuition Grant	\$ _____
Outside Scholarships, Grants or Gifts	\$ _____

Self-help Aid	Amount Offered
Federal Stafford Loan (subsidized only)	\$ _____
Federal Perkins Loan	\$ _____
Institutional Loan	\$ _____
Federal Work-Study (FWS)	\$ _____
Other	\$ _____

Total Financial Aid Offered (2011/2012 only) \$ _____
Unmet Need for 2011/2012 (need minus aid) \$ _____

This financial aid package is based on Estimated information, verification pending
 Estimated information, no verification pending
 Verified information

Name of person completing this form: _____
Title: _____ Phone: _____
Email: _____ Fax: _____
College/University: _____
Address: _____
City/State/Zip: _____