



Women's Resource Center Application for the Educational Opportunity Fund Scholarship

The Educational Opportunity Fund is available for women who would benefit from additional training or education to improve their skills so that they may increase their income, realize economic self-sufficiency and become contributing members of their communities. Applicants must be working or demonstrate a history of a strong work ethic.

ELIGIBILITY

- Individuals interested in taking a specific course(s) offered by an accredited organization, such as the Adult Education Center, that will improve their skill / knowledge base so they can successfully apply for higher paying jobs, with preference given to women
- Individuals interested in obtaining an under-graduate academic degree or vocational degree/certificate, with preference given to women

REQUIREMENTS:

- Applicant must complete the application and submit all requested information. Applicant must be a resident of La Plata County, residing here **for a minimum of one year and be able to show proof of such residency.**
- Applicant must be working or must demonstrate a history of a strong work ethic.
- The program for which the award will be used must be offered by an accredited organization, educational institution, certified program, or supervised by the Colorado Department of Education. **Note: For undergraduate and certificate programs only.**
- If applicant is already enrolled in an educational program, applicant must submit most recently completed transcript and have a GPA of 3.0 or higher.
- If applicant is funded, an invoice for tuition or class fees from the educational institution must be provided for payment. Checks can only be written to an institute, organization or business providing services.
- If applicant receives funding, the recipient agrees to allow the Women's Resource Center to use their name and story for publicity and WRC grant applications.
- A personal interview with Women's Resource Center staff and/or Scholarship Committee members on the third Monday and Wednesday of the month between 10:00 am and 5:00 pm.

Amount awarded between: \$0 and \$1,000

Deadline to apply and notification: The first Friday of each month. Notification of selection will be by the fourth Friday of the month. **No incomplete packages will be considered.**

Applicant must return original signed application and supporting documents in person to:
Women's Resource Center
679 E. 2nd Avenue, Unit 6, Durango, CO 81301

Revised April 2013



Community Partner

679 East 2nd Ave., Unit #6, P.O. Box 2132, Durango, CO 81302
 Phone: (970) 247-1242 Fax: (970) 247-8722

www.wrcdurango.org

PLEASE PRINT

Name: _____ Date of Application: _____

Mailing Address: _____

City: _____ Zip: _____ Phone: (h) _____

Email address if you have one: _____

Please list any other household members or dependents living with you: _____
_____**Name of Educational Program, Degree and Institute you are requesting funding for:**

Graduation /class completion date: _____

Detailed Financial RequirementsEducation Cost(s):

Tuition (please describe below) \$ _____

Books \$ _____

Testing costs \$ _____

Description of need:_____

_____Total Cost of Educational Program: 1) \$ _____Other Funding:

Personal funds/income you plan to contribute: \$ _____

Other Scholarship funds available to you: \$ _____

Loan funds you are applying for: \$ _____

Other funds used towards educational program: \$ _____

Total Other Funding (minus) 2) -\$ _____

Amount needed: 3) \$ _____

If currently enrolled in an Educational Program please provide:

Current accumulative GPA: _____

Include unofficial transcripts



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Educational Background:

Did you earn: High school diploma (please circle) – Yes or No

GED (please circle) – Yes or No

College Degree (please circle) – Yes or No

Did you attend college in the past that didn't result in graduation (please circle)? Yes or No

Employment History (please complete or attach a current resume):

Current place of employment: _____

Current work position: _____

Address of current employer: _____

Length of time with current employer: _____

Number of hours worked during a week: _____ Hourly Wage or Annual Salary: _____

Prior place of employment: _____

Address of previous employer: _____

How long were you employed? From _____ to _____

Number of hours worked during a week: _____ Hourly Wage or Annual Salary: _____

Others sources of income if applicable (from): _____ Amount: _____

How long have you lived in La Plata county? _____

Do you plan on staying in the area (please circle)? Yes or No If yes, for how long? _____

Please attach:

- Essay describing how this program will help improve your income potential and thus your ability to be more economically self-sufficient (no more than 750 words).
- Letter of recommendation from someone who **is not** related to you or **is not** a close personal friend. (This should be someone who is a teacher/professor, supervisor, case worker, etc.)

Statement of Understanding

I _____, (Applicant) attest that the above information is true, and I further understand that if this request is funded, I agree to have my name listed as a recipient of the Women's Resource Center Education Opportunity Fund.

Print Name_____
Date_____
Signature

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