



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

The Educational Opportunity Fund is available for individuals, with preference given to women and those without Bachelor's Degrees, 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.

All applicants must be Women's Resource Center clients, meaning they have filled out our intake form within the current year and they have discussed their situation with one of our staff members or volunteers.

ELIGIBILITY

- Individuals interested in taking a specific course(s) offered by an accredited organization, such as the Durango 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.
- Applicant **must be a resident of La Plata County** and have resided here for a **minimum of one year**.

REQUIREMENTS:

- Applicant must complete entire application and submit all requested information. **Incomplete applications will not be accepted.**
- Applicant must be working or 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, or certified program.
- If applicant is currently enrolled in an educational program, **applicant must submit most recent unofficial transcript** and have a **GPA of 3.0 or higher**.
- Scholarship funds are for tuition or class fees.
- An invoice for tuition or class fees from the educational institution must be provided for payment, in case applicant is funded. 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 Scholarship Committee members or Women's Resource Center staff.

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

Deadline to apply and notification: Application deadline is first Thursday of the month by 4pm. Notification of selection will be by the last week of the month.

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**

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Cover Sheet

ATTACHMENTS

The following documents must be attached to the application. **Incomplete applications will not be accepted.**

- Proof of residency in La Plata County for one year
- 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 could be someone who is a teacher/professor, supervisor, case worker, etc.).
- Most recent transcript, if applicable.
- Proof of program accreditation or certification.
- Invoice for tuition or class fees from the educational institution.

A half-hour interview will be scheduled on specific days and times every month and will be held at the Women's Resource Center office. Please check which time(s) you will be available:

- | | |
|--|---|
| <input type="checkbox"/> 3 rd Monday @ 4:00pm | <input type="checkbox"/> 3 rd Tuesday @ 8:30am |
| <input type="checkbox"/> 3 rd Monday @ 4:30pm | <input type="checkbox"/> 3 rd Tuesday @ 9:00am |



Community Partner

679 East 2nd Ave., Unit #6, Durango, CO 81301

Phone: (970) 247-1242 Fax: (970) 247-8722

www.wrcdurango.org

Rev: 11-7-19

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PLEASE PRINT LEGIBLY

Name: _____ Age: _____ Date of Application: _____

Mailing Address: _____

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

Email address: _____

Please list other household members / dependents (relationship and age) living with you:

Name	relationship	age	Name	relationship	age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Name of Educational Program: _____

Institute: _____ **Degree:** _____

Graduation /class completion date: _____

Detailed Financial Requirements

Education Cost(s):

Tuition (please describe below) \$ _____

Books \$ _____

Testing costs \$ _____

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 (subtract from #1) **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 – If Yes, Degree _____ Year _____

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

Employment History or attach a current resume (please indicate on resume annual salary)

Current place of employment: _____ Current work position: _____

Address of current employer: _____ Employed since (mm/yy): _____

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

Prior place of employment: _____ Work position: _____

Address of previous employer: _____

How long were you employed? From (mm/yy) _____ to (mm/yy) _____

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

Income Information**1. Household Income (List all jobs help)**

<u>Name</u>	<u>Occupation</u>	<u>Employer</u>	<u>Monthly Income</u> (Before Deductions)

2. ALL other household income (Federal Programs: TANF, Social Security; Child Support, etc.)

<u>Type of Income</u>	<u>Monthly Income</u>

3. Total Monthly Household Income _____

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Residency Information

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. I understand that if this request is funded, I agree to have my name listed as a recipient and that my success story may be used for publicity.

Print Name

Date

Signature

