



**New York State Women- Richmond County, Inc.  
Scholarship Application Cover Sheet 2013-2014**

(Please Print)

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

**Home Address:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **e-mail address:** \_\_\_\_\_

**Name of sponsoring NYSW member (if applicable):** \_\_\_\_\_

**Are you a United States citizen?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Ages of children in family** \_\_\_\_\_

**Name of Accredited School, Fall 2014 Acceptance:** \_\_\_\_\_

**Prior Education Dates of Attendance (months & years attended):** \_\_\_\_\_

**Prior Degrees/ School (if applicable):** \_\_\_\_\_

**Date of HS graduation** \_\_\_\_\_ **or GED** \_\_\_\_\_

**Enrolled full-time / part-time in a day / evening program for a** \_\_\_\_\_ **degree in**  
\_\_\_\_\_ **(Proposed Field of Study)**

**Expected date of graduation:** \_\_\_\_\_

**School/Program Location (City, State/ online):** \_\_\_\_\_

**Community Involvement:** \_\_\_\_\_

**Future Plans:** \_\_\_\_\_

**I attest that all the information submitted in this application is true.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**All completed application packages must be submitted electronically at**  
**[NYSWRC.Scholarship@gmail.com](mailto:NYSWRC.Scholarship@gmail.com) by the April 30, 2013 deadline.**

No additional addendum materials will be accepted after the deadline date. The final selection of recipients for awards will be made at the discretion of the Scholarship Committee whose decision is final, and subject to receipt of qualified applications. Final awards are subject to evidence of enrollment in an appropriate accredited school and contingent upon proof of final course completion.