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EXECUTIVE WOMEN INTERNATIONAL  
ADULT STUDENTS IN SCHOLASTIC TRANSITION

## Scholarship Program

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**Executive Women International® (EWI®)**

*Reaching out to Communities  
Through Education*

[ewiconnect.com](http://ewiconnect.com)

*For questions on submitting application, please visit our website at [ewiconnect.com](http://ewiconnect.com)*

*Revised December 2015*



## EXECUTIVE WOMEN INTERNATIONAL ADULT STUDENTS IN SCHOLASTIC TRANSITION SCHOLARSHIP PROGRAM

We are pleased that you have made the decision to apply for the Executive Women International (EWI) Scholarship. The Adult Students in Scholastic Transition (ASIST) Scholarship Program helps provide financial support to adult students in a variety of transitional situations. EWI believes that the ASIST Program will positively impact the personal life, employment, family, and community of the applicant.

EWI was founded in 1938 by Lucille J. Perkins to change the roles of women in business and the diverse careers held by our members. We are an international organization with 56 Chapters across the United States and Canada. EWI has been awarding scholarships for over 25 years and awards over \$500,000 in scholarships each year through our Chapters and the Corporate Office.

### PROGRAM DESCRIPTION

The ASIST Scholarship is a non-discriminatory, educational scholarship program for the benefit of non-traditional students pursuing an associates, bachelor or master's degree. These include persons who are:

- Past high school age and who are entering a college, university, or trade school and/or the workforce for the first time
- Non-traditional students already enrolled in a college, university, or trade school program
- Re-training due to changes in the workplace
- Otherwise are not the traditional college, university, or trade school, recently finished with high school

In addition to the Chapter ASIST, there are corporate awards (payable in USD) given annually. Corporate candidates are selected from first place Chapter winners.

Awards are provided for the recipients' education and related expenses to aid them in obtaining the necessary educational skills to help achieve career goals and objectives. Related expenses include tuition, books and mandatory fees from schools and child care. Not included are such things as rent, utility payments, travel expense, repayment of student loans or remaining balances payable to recipient. Checks for Chapter and Corporate scholarship awards are paid directly to the respective college or university. Scholarship awards are valid for two years from date granted. Unclaimed awards will be returned to the Chapter or Corporate B/C/DP accounts for redistribution.

Selection criteria may include the following:

- Financial need
- Socially, physically and economically challenged adults
- Preference is given to those individuals with children residing in the home

Applicants must meet the following eligibility requirements:

- Clearly define career goals and objectives
- Specify the educational requirements to attain the above goals and objectives
- Utilize re-entry programs available through colleges/universities/technology centers, community agencies and service groups or career professionals
- 18 years of age or older
- Applicant must reside within boundaries of a participating EWI Chapter – refer to list on [ewiconnect.com](http://ewiconnect.com)



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**EWI ASIST SCHOLARSHIP APPLICATION INSTRUCTIONS/CHECKLIST**

It is very important that material be completed as thoroughly and as quickly as possible in order to meet the deadlines established by the Chapter. Be concise, yet thorough, when answering all questions.

**APPLICATION MUST BE TYPED IN BLACK INK IN A FONT SIZE NO SMALLER THAN 11 POINT**

**SUBMISSION CHECKLIST**

- Complete all required sections entirely and accurately. Incomplete applications will not be considered.
- Sign the application where indicated.
- For United States students, include a copy of your Student Aid Report which is the report you received when you completed the Free Application for Federal Student Aid (FAFSA) form ([www.fafsa.ed.gov](http://www.fafsa.ed.gov)). This information will remain confidential and will be shredded upon completion of the scholarship recipients being named at the corporate level.
- For Canadian students, include a copy of the Assessment Calculator Information which you can print from your online Student Loan Application for your Federal and Provincial funding.
- Include a copy of the financial package letter from the school you are attending.  
If applicable, include a copy of application for:
  - Other scholarships
  - Government grants
  - Government loans
  - Government aid (food stamps, rent/housing subsidy, etc.)
  - Unemployment benefits, or
  - Other financial assistance
- Use the enclosed Personal Recommendation Form (form may be copied) to obtain two letters of recommendation. Included in this packet are the recommendation forms with a description with instructions for completion.
- Obtain an unofficial transcript of grades from educational provider.

**COMPLETED APPLICATION SHOULD BE RETURNED TO: EXECUTIVE WOMEN INTERNATIONAL**

Chapter \_\_\_\_\_

Chapter ASIST Chair \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone or e-mail Address \_\_\_\_\_

**DEADLINE DATE FOR SUBMISSION** \_\_\_\_\_



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**Application**

Date: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Work/Cell Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work/Cell Phone Number: \_\_\_\_\_  
 City/State/Province/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**LIST DEPENDENTS(s):**

Ages	Relationship to Applicant

**WORK HISTORY**

Employer	Description of Position	Beginning Employment Date	Ending Employment Date	Hours per Week

**EDUCATION**

Name of School	Course of Study/Major	Beginning Date Attended	Ending Date Attended	Graduated (Yes/No)

**SCHOOL CURRENTLY ATTENDING**

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City/State/Province/ Zip \_\_\_\_\_ Full or Part-Time Student? \_\_\_\_\_  
 Total Credits Earned: \_\_\_\_\_ Remaining Credits Needed to Graduate: \_\_\_\_\_  
 Planned Graduation Date: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

**NOTE: Please provide an Unofficial Transcript of Grades from educational facility currently attending.**



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**Application**

**INCOME/FINANCIAL DATA**

**Please provide the following documents:**

- Include a copy of your student aid report which is the results you received when you completed the Free Application for Federal Student Aid (FAFSA) form ([www.fafsa.ed.gov](http://www.fafsa.ed.gov)). This information will remain confidential and will be shredded upon completion of the scholarship recipients being named at the corporate level.
  
- Include a copy of the financial package letter from the school you are attending.  
If applicable, include a copy of application for:
  - Other scholarships
  - Government grants
  - Government loans
  - Government aid (food stamps, rent/housing subsidy, etc.)
  - Unemployment benefits, or
  - Other financial assistance

- List with amounts and names of any grants or aid you currently receive

- List with amounts of any grants you have currently requested

- List with amounts of names of any other scholarships that you will be receiving during the 2015-16 school year



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**Applicant Certification**

**IMPORTANT: Review this form and make certain you have responded accurately to all items.**

I certify the information provided in this application is true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have not knowingly withheld any facts or circumstances that could otherwise jeopardize consideration of this application.

**Financial Information**

I certify the financial information provided in my application is complete and accurate to the best of my knowledge. If requested, I agree to provide additional verification of the information provided. Falsification of information may result in my ineligibility of any scholarship granted.

**Agreement of Terms**

I certify that I have carefully read the criteria and checklist and understand that if I do not submit the information required, if the application arrives late, or if the materials are not submitted together, my application is considered incomplete and will not be considered.

**Release of Information – must be signed**

By signing this application, I hereby (a) formally authorize any individual named in this document to provide information of any kind whatsoever requested by Executive Women International (EWI), and (b) forever release any of the entities or individuals seeking or providing any such information from any and all such claims or damages that I may or actually do sustain as a result of seeking or providing such information.

**Press and Media Release**

If selected to receive a scholarship, I authorize EWI to use information in this application (name, school, etc.), scholarship awarded, future event photographs, etc., for press and media purposes.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_



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ESSAY

Name \_\_\_\_\_

School \_\_\_\_\_

City, State/Province \_\_\_\_\_

Please limit your essay to a maximum of 750 words. Your essay must be typed in black ink in a font size no smaller than 11 point. If necessary, use the last page of this application to complete your response.

**TOPICS TO ADDRESS: Please incorporate the following topics into the content of your essay:**

1. Describe what your life's goals and objectives are and how obtaining additional education or a college degree will further these goals and objectives
2. Explain what qualifies you for this scholarship.

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By signing this application, I verify the above information to be true and correct and authorize the use and disclosure of such information to members, officers, employees and agents of EWI. In addition, I consent for all purposes to the sale, reproduction and/or use of photographs and voice recordings by EWI, including any agency, in all forms and media including television and advertising.

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



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**PERSONAL RECOMMENDATION FORM #1**

**INSTRUCTIONS:** This form must be completed by an individual of the student's choice who is a past or present employer, teacher, guidance counselor or other school administrator.

***Recommendation must be typed in black ink in a font no smaller than 11 point.  
Limit to one page, one sided.***

The student named below is a candidate for the EWI ASIST Scholarship. Scholarships are disbursed directly to the student's account at his/her college/university/technology center of choice. The recommendation letters will become part of the student's confidential file intended for use by the selection committee.

The reference letters should comment on the following points:

- How well, how long and in what capacity you know the applicant
- Knowledge of the applicant's personal situation
- Purpose for recommending this individual for an ASIST award
- The applicant's goals/objectives and potential for success, if known

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

Recommending Person \_\_\_\_\_ Title: \_\_\_\_\_

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

Contact Information: \_\_\_\_\_

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

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





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**PERSONAL RECOMMENDATION FORM #2**

**INSTRUCTIONS:** This form must be completed by an individual of the student's choice from a religious affiliation, volunteer organization or personal acquaintance.

***Recommendation must be typed in black ink in a font no smaller than 11 point.  
Limit to one page, one sided.***

The student named below is a candidate for the EWI ASIST Scholarship. Scholarships are disbursed directly to the student's account at his/her college/university of choice. The recommendation letters will become part of the student's confidential file intended for use by the selection committee.

The reference letters should comment on the following points:

- State how well, how long and in what capacity you know the applicant
- Your knowledge of the applicant's personal situation
- Why you are recommending this individual for an ASIST award
- The applicant's goals/objectives and potential for success

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

Recommending Person \_\_\_\_\_ Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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



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ESSAY: Additional response, if necessary