



CENTRAL UNION CHURCH
APPLICATION for WOMEN'S LEAGUE SCHOLARSHIP/GRANT
2020-2021

Instructions: Submit completed 3-page application and required supporting documents at **one** time by email (cucwlscholarship@gmail.com). If school requires transcript be sent directly to the Women's League, please notate in the Special Notes section below. Ruth C. Scudder Scholarship applicants, must submit all documents required for the Kenneth O. & Doris A. Rewick Educational Aid Fund and meet all the additional Scudder requirements listed below. Application packet will not be reviewed until all documents have been received by the Women's League Scholarship Committee. Applicants will be notified by e-mail when their application is deemed complete.

Applicant's Name: _____
(LAST) (FIRST) (MIDDLE)

Kenneth O. & Doris A. Rewick Educational Aid Fund application requirements:

- ____ 1. Application for Women's League Scholarship/Grant
- ____ 2. Free Application for Student Aid (FAFSA) *Student Aid Report*
- ____ 3. Personal Statement (no more than two pages typed and double-spaced)
- ____ 4. Letter of Recommendation #1: _____
(First and last name of person writing recommendation)
- ____ 5. Letter of Recommendation #2: _____
(First and last name of person writing recommendation)
- ____ 6. Transcripts (May be sent directly from school, if required by school)

Ruth C. Scudder Scholarship additional application requirements:

(If you are also applying for the Ruth C. Scudder Scholarship, please answer the following questions. Your application will only be considered for the Ruth C. Scudder Scholarship if you answer yes to all.)

Is this application for the Ruth C. Scudder Scholarship? Yes: _____ No: _____

Are you a woman with Christian affiliation? Yes: _____ No: _____

Will you be attending the University of Hawai'i system during the 2020-2021 school year? Yes: _____ No: _____

Does your Personal Statement include all the below additional requirements? Yes: _____ No: _____

- A description of probably future service to the community and Christian religious interest.
- Name and location of applicant's church or Christian affiliation.
- The name, address, phone number, and e-mail address of applicant's pastor or Christian affiliation leader.

One recommendation is from your pastor or Christian affiliation leader? Yes: _____ No: _____

Special Notes:



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General Information

NAME: _____
(LAST) (FIRST) (MIDDLE)

PERMANENT ADDRESS: _____

CITY: _____ STATE/COUNTRY: _____ ZIP CODE: _____

TELEPHONE NO: _____ E-MAIL ADDRESS: _____

MAILING ADDRESS OR PRESENT ADDRESS (if different from above):

CITY: _____ STATE/COUNTRY: _____ ZIP CODE: _____

BIRTHDATE: _____ GENDER: _____ HAWAII RESIDENT: _____
(Month/Day/Year) (for Scudder Scholarship) (Yes or No)

NAMES and ADDRESSES of PARENT(S), LEGAL GUARDIAN or SPOUSE (check box):

LIST DEPENDENTS, if applicable (Name, Age, and Relationship):

NUMBER OF DEPENDENTS/SIBLINGS CURRENTLY ENROLLED IN COLLEGE/VOCATIONAL SCHOOL: _____

GRADUATE of HIGH SCHOOL: _____
(Name of School, City, Island, State, Country)

SCHOOL PRESENTLY ATTENDING: _____

CURRENT GRADE LEVEL: _____

CURRENT GRADE POINT AVERAGE (or LAST AVAILABLE): _____

SCHOOL or INSTITUTION WHICH YOU EXPECT TO ATTEND: _____

CAREER PLANS (field of study/employment etc.): _____

EXPECTED DATE of ENTRY: _____ EXPECTED DATE of GRADUATION: _____

NOTE: RECIPIENTS WILL BE ASKED TO PROVIDE A SOCIAL
SECURITY NUMBER OR SCHOOL IDENTIFICATION NUMBER AT
STEP TWO.

ESTIMATED EXPENSES & RESOURCES

NAME: _____
(LAST) (FIRST) (MIDDLE)

Note: Most schools and colleges will furnish a list of estimated expenses. To obtain information, please check the school catalog, ask your counselor, or call the financial aid office of the school you plan to attend.

NAME OF SCHOOL: _____

ESTIMATE EXPENSES (for ONE academic year):

School Year 20 _____ to 20 _____

TUITION and GENERAL/SPECIAL FEES \$ _____

RENT and UTILITIES \$ _____

(Specify if DORM, with FAMILY, OWN RESIDENCE)

TOTAL ESTIMATED EXPENSES: \$ _____

ESTIMATE RESOURCES:

School Year 20 _____ to 20 _____

ASSISTANCE from PARENTS (including 529 College Savings Plan) \$ _____

ASSISTANCE from SPOUSE/PARTNER \$ _____

EARNINGS from CURRENT/EXPECTED WORK \$ _____

PERSONAL SAVINGS for EDUCATION \$ _____

OTHER GRANTS or SCHOLARSHIPS (Specify)

TOTAL OTHER GRANTS/SCHOLARSHIPS \$ _____

LOANS \$ _____

SOCIAL SECURITY BENEFITS \$ _____

VETERAN'S BENEFITS, G.I. BILL, ORPHAN, DISABILITY, ETC.

Specify: _____ \$ _____

OTHER INCOME

Specify: _____ \$ _____

TOTAL ESTIMATED RESOURCES: \$ _____

ESTIMATED NEED \$ _____

(Difference between Total Estimated Expenses and Resources)

For further explanation of items above, please use additional sheets as needed.

To the best of my knowledge and ability, the statements and estimates herein are true and accurate. If selected, I am willing to provide my school identification or social security number to facilitate the scholarship award process. If awarded, I also give permission to the Central Union Church Women's League to release my name in all forms of media and refer my application to other scholarships and the Philanthropic Educational Organization (PEO).

SIGNATURE OF APPLICANT

DATE

