

Scholarship Fund Application Form
New Opportunity School for Women, Inc.



204 Chestnut Street
Berea, KY 40403
(859) 985-7200

Dear New Opportunity School Graduate:

Inside you will find an application for our New Opportunity School for Women (NOSW) Scholarship Fund, available to participants who have completed the Berea NOSW three-week residential program. Please remember that our scholarships are funded entirely by donations and may fluctuate from semester to semester. Your scholarship amount may depend upon the number of applicants. Our scholarships are intended to assist the NOSW graduates who are furthering their education with the goal of becoming employed.

You may apply to the NOSW Scholarship Fund to help you pay for tuition, books, health insurance, childcare, and travel to the educational institution. All information on the application form is confidential. Feel free to attach additional information that may be helpful to the committee.

Your NOSW scholarship application must include a copy of your class schedule, with the exception of the initial application; a copy of your transcript must be included. Preference will be given to students attending accredited academic institutions.

If you have any questions, please phone the New Opportunity School at (859) 985-7200.

Application for Educational Grant
New Opportunity School for Women, Inc.
204 Chestnut Street
Berea, KY 40403
(859) 985-7200

Full Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ E-mail _____

Year you attended the New Opportunity School for Women _____

Please list all the people living in your home – include their name, age, and relationship to you:

Name and address of educational institution you plan to attend:

Date you will begin at this institution _____

Will you be a full-time or part-time student? _____

Will you be a degree or non-degree student? _____

If pursuing a degree, which degree are you pursuing? _____

List courses you expect to take during the _____ semester of 20____:

Please list what you wish to use the grant for (i.e. tuition, books, travel, etc.).

MONTHLY INCOME

List all sources of income available:

Family employment income: _____
Yours _____
Husband's/Partner's _____
Additional income from relatives _____
Income from child support or alimony _____
Social Security benefits _____
SSI benefits _____
Food stamps _____
AFDC, including child care benefits _____
Grants, scholarships _____
Loans _____
Savings _____
Other income _____

TOTAL INCOME PER MONTH _____

EXPENSES

List all expenses you anticipate during the _____ semester of 20____:

Tuition expense _____
College fees _____
Transportation costs _____
Medical insurance _____
Books, supplies _____
Childcare _____
Housing/utilities _____
Food _____
Other expenses _____

TOTAL EXPENSES _____

Comments and/or additional information:

Total amount of grant you are requesting \$ _____

Date grant is needed _____

