



Women A.H.E.A.D. Scholarship

APPLICATION GUIDELINES

The mission of the YWCA of Silicon Valley is to empower women, children and families, and to eliminate racism, hatred and prejudice.

Attached is the application form you will need to apply for the Women A.H.E.A.D. Scholarship for the 2009-2010 academic year. This scholarship is available to any woman who will be attending a post-secondary educational or vocational training program. If selected, recipient will receive \$1,500 for the 2009-2010 academic year.

Eligibility

In order to be eligible, you must meet the following criteria:

1. You must be a permanent resident of Santa Clara County, State of California.
2. You must be planning to attend an accredited California college, university, or trade/vocational school during the 2009-2010 academic year.
3. You may be registered as either a full or part-time student.
4. Your most recent academic record achieved a minimum GPA of 2.0.
5. You must be a woman.

Application Process

Applicants must follow all specific instructions within this application and all items must be complete. In order for your application to be processed by the Scholarship Committee, it must contain the following:

1. A completed application.
2. A current academic transcript (if applicable).
3. High School students: two letters of recommendation, one of which must be from a faculty member of your current school.
Returning students: two letters of recommendation and if currently employed, one letter must be from your employer.
4. A 100-200 word essay describing your need for financial assistance.

Application Deadline

Submit all application materials to the YWCA of Silicon Valley **before April 10, 2009.**

Application Procedure

1. Send your completed application to the following address:

YWCA of Silicon Valley
Attention: Development Department
375 South Third Street
San Jose, CA 95112

2. Transcripts and letters of recommendations must be received by the YWCA **no later than April 10, 2009.** It is your responsibility to make sure all materials and information are received by the due date.

Awards

If you are awarded a scholarship, you will be notified on or by April 24, 2009. You and guest will be invited to attend the Tribute to Women and Industry Awards Banquet on **May 14, 2009 at the Fairmont Hotel** in downtown San Jose where you will be presented with your scholarship award. Scholarship funds will be distributed to the recipient upon proof of academic expenses.

If you have any questions, please call the YWCA Development Department at (408) 295-4011 ext. 216 and we will help you with the application process.

Thank you for applying for the Women A.H.E.A.D. Scholarship
Good Luck!



Women A.H.E.A.D. Scholarship

LETTER OF RECOMMENDATION

The mission of the YWCA of Silicon Valley is to empower women, children and families, and to eliminate racism, hatred and prejudice.

Instructions to Applicant: Please print your name in the space provided below before giving it to the person(s) who will provide your letter(s) of recommendation.

Name of Applicant: _____

The above-named applicant has applied for a scholarship from the YWCA of Silicon Valley to attend a college, university, trade or vocational school.

Instructions to Person completing this form: You have been asked to provide a letter of recommendation for this Applicant. Please address the following points:

- In what capacity you know the Applicant;
- In what ways the Applicant's character and background would qualify her for a scholarship;
- How the Applicant demonstrates maturity and motivation;
- Why you think this Applicant should be awarded the YWCA scholarship;
- Any information that you feel would be helpful to the YWCA Scholarship Committee in making this decision.

Please return the completed Letter of Recommendation via mail or fax
no later than April 10, 2009 to:

YWCA of Silicon Valley
Attention: Development Department
375 South Third Street
San Jose, CA 95112
Fax Number: (408) 294-1391

Thank you for your thoughtful and prompt reply and your interest in helping this young woman to succeed.

Please return no later than April 10, 2009.



Women A.H.E.A.D. Scholarship

APPLICATION

Deadline to Submit: April 10, 2009

The mission of the YWCA of Silicon Valley is to empower women, Children and Families, and to eliminate racism, hatred and prejudice.

Application may be handwritten or typed. All items must be completed.

Name: _____

Mailing Address: _____

City/State: _____ Telephone: _____

Social Security Number: _____

Name of High School: _____

Name of educational school you plan on attending: _____

Work Experience (If none, explain why)

Employer	Type of work	Dates

Academic Awards, Honors or Recognitions

Participation in community service and/or ways you contribute to your family or community. (Attach typewritten sheet if additional space is necessary)

Please attach a 100-200 word essay describing your need for financial assistance. This essay must be typewritten or legibly printed.

Means of Financing your education

All information will be held in strictest confidence

() Personal _____

() Scholarship _____

() Other (Financial Aid, etc.) _____

College, University or Trade School you will be attending: _____

Address: _____ Acceptance Date: _____

Letters of Recommendation

Two letters of recommendation are required, including one from a faculty member of your current school. Please ask those who provide references to complete the forms provided. Recommendations should be sent directly to the YWCA of Silicon Valley **no later than April 10, 2009** to the following address:

YWCA of Silicon Valley
Attention: Development Department
375 South Third Street
San Jose, CA 95112

The people sending in recommendations on my behalf are:

Name: _____ Telephone: _____

Address: _____

City/State/Zip: _____

Relationship to You: _____

Name: _____ Telephone: _____

Address: _____

City/State/Zip: _____

Relationship to You: _____

The goal of the YWCA is to help you be successful. If you have any questions regarding the completion of this application, please call the YWCA Development Department at (408) 295-4011 ext. 216 and we will be glad to help you with the application process.

I declare that all the information provided herein is true and accurate to the best of my knowledge.

Signature of Applicant: _____ Date: _____