



The Sedona Women are dedicated to making a positive and lasting impact on the community by providing opportunities for women to build relationships, to learn about the community, to support community needs, and to enhance the natural beauty and distinctive character of Sedona.

[www.thesedona.women.com](http://www.thesedona.women.com)

## SCHOLARSHIP APPLICATION

### The Sedona Women The Helen Wolfe Scholarship

**Eligibility Criteria:** To qualify for this scholarship, the applicant must be a woman who is a permanent resident of the Verde Valley, encompassing Cottonwood, Jerome, Cornville, Camp Verde, Rimrock, Lake Montezuma, the Village of Oak Creek and Sedona (zip codes 86322 – 86351).

Scholarship Amount: Not to exceed \$3500.

The applicant should also be a re-entering student whose education has been interrupted for a period of time. **Applicant must already have been accepted at an accredited academic or vocational institution.** The Sedona Women, Board of Directors, must vote to award this scholarship prior to award notification.

**Please return the completed scholarship form and attachments to: The Sedona Women, Scholarship Committee, P. O. Box 405, Sedona, AZ 86339. The completed application and all attachments must be received no later than April 1, 2020. The Scholarship will be awarded in May 2020.**

#### SECTION A: STUDENT INFORMATION

Full Name:	Date of Birth:	Marital Status:
Permanent Mailing Address:		
Street Address (if different):		
Home Phone:	Cell Phone:	Email: .
Last Schools Attended and When (include data applicant passed GED, if applicable).		

#### SECTION B: FUTURE PLANS & FINANCIAL NEED

School, College, University or Vocational School at which you have been accepted:
Degree or Certificate Sought:
Anticipated Date of Completion:
Declared or Planned Major:

**SECTION C: APPLICANT'S PERSONAL STATEMENT**

Please submit on a separate sheet of paper a personal statement covering the following topics and any other information that might be helpful to the Scholarship Committee.

1. Tell us about yourself and challenges you may have encountered.
2. How would this scholarship benefit you?
3. Tell us about your future aspirations.

**SECTION D: HOW DID YOU LEARN ABOUT THE SCHOLARSHIP?**

**SECTION E: REFERENCES & TRANSCRIPTS**

Two letters of recommendation from non-family members who support your goals **must** be included with this application. **Please include contact information.** If you have completed one semester of college, please attach an unofficial transcript.

**SECTION F: SCHOOL OR COLLEGE OFFICIAL VERITICATION (IF APPLICABLE)**

Please provide the name and contact information of a person at the school we can contact about you.

**SECTION G: PLEASE LIST ALL FINANCIAL AID APPLIED FOR OR RECEIVED INCLUDING DOLLAR AMOUNTS**

**SECTION H: PUBLIC RELATIONS CONSENT**

I AUTHORIZE THE USE OF PHOTOGRAPH, ELECTRONIC, AND BIOGRAPHICAL INFORMATION FOR THE PUBLIC MEDIA AS MAY BE DEEMED APPROPRIATE BY THE SEDONA WOMEN FOR EDUCATIONAL, FUNDRAISING, AND/OR OTHER PUBLIC RELATIONS PURPOSES.

Choose an item. Please select Y if you consent to the above or N if you do not. Your preference will not affect your eligibility for a scholarship. **YES**      **NO**

**SIGNATURE OF APPLICANT**

I certify that the information contained in this application is correct and complete. By signing below, I give permission for my college or school to release my transcript to The Sedona Women Scholarship Committee for the sole purpose of making scholarship award determinations. The information obtained on this application and provided by the college will not be shared with any other part of used for any other purpose.

**Signature:**

**Date Signed:**

**AWARDS FOR FALL 2020 WILL BE MADE IN MAY 2020.**