

Dr. Nelson Aluya Scholarship

Sponsored by Women Leaders in Action

Application Form

To be considered for a scholarship at our organization, you must submit your scholarship application form by July 16th, 2018. The application is free of charge and you can submit it via email at info@empowerwomenforsuccess.org or mail it out to our address as listed below. You must be 18 years of age or above to apply, currently pursuing a degree in the healthcare field, liberal arts or a vocational training program, and provide at least 1 letter of recommendation from your academic referees

Personal Details

Student Name: _____

Date of birth: _____

Gender: Male: _____ Female: _____ Other: _____

Citizenship: _____ Phone#: _____

Email address: _____

Mailing address: _____

Current Study Status and Study Intentions

What is your current study status?

School Leaver: _____ Current student: _____

Transferring from another institution: _____ Applying after a break in studies _____

What Career do you intend to pursue? _____

Level of Education: _____ Current GPA: _____

You intend to study: Part Time _____ Full Time _____

Anticipated Graduation date: _____

School Name: _____

Please list any academic awards or scholarships that you would like to make the selection committee aware of: _____

References

Provide two referee names with full contact details. (One must be a school referee such as counselor, teacher or professor)

1) Name: _____

Contact Info: _____ Email: _____

2) Name: _____

Contact Info: _____ Email: _____

Submit these Supporting Documents

Please submit your Curriculum Vitae, unofficial transcript, essay, and the application all together via email or mail.

Your essay should be 300-500 words. You should address in your essay: your college goals and choice of major, what you intend to do with your education, and why a scholarship is important to you. Include any academic and non-academic accomplishments, personal characteristics, or experiences that make you uniquely worthy of scholarship consideration.

Applicant's Signature

_____ Date: _____

By signing this application, you are certifying that all information is correct and that you are the person completing this application. W. L. A. reserves the right to keep any information submitted.

How did you hear about us? WLA Events: _____ Website: _____
Word of mouth: _____ other: _____