

*The Cornelia A. Bregman Memorial Scholarship  
for Women Returning to Education  
APPLICATION FORM*

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The **Capital Region Women's Network** is proud to announce that the **Greater Capital Region Endowment Fund**, will award a **\$2,000 scholarship to assist one woman** in career-related study in the upcoming academic year. To be eligible, an applicant must be:

- a woman 25 years of age or older;
- a permanent resident of the counties of Albany, Schenectady, Rensselaer, Saratoga, Columbia, Schoharie, Greene, or Washington in New York State;
- able to demonstrate financial need; and
- enrolled or accepted for study in a program leading to an academic, technical or vocational degree or certificate.

The goal of our scholarship program is to aid women who are changing, starting, or advancing careers due to under-employment, lack of appropriate education, change in their household earning capacity or other circumstances which have hampered or delayed their earnings capacity or job stability.

**Instructions:**

- **Complete all sections** of the application. Submit only the information requested. Please do not include transcripts, certificates, resumes, etc.
- Please provide **two current letters of reference** from employers, educators or other **non-relatives** who are able to support your application.
- Incomplete applications will be returned.
- Please provide five (5) copies of each document (complete application, personal statement, letters of support).
- **Applications must be postmarked by *APRIL 1<sup>st</sup>***

**PART I. PERSONAL DATA**

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Last name

First name

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Street Address

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City/State/Zip code

E-Mail address

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Telephone

Date of birth

**PART II. OCCUPATIONAL EXPERIENCE (List most recent employment first)**

<b>1. Employer:</b>	
Dates of Employment:	Hours worked per week:
Major responsibilities & duties:	Reason for leaving:
<b>2. Employer:</b>	
Dates of Employment:	Hours worked per week:
Major responsibilities & duties:	Reason for leaving:
<b>3. Employer:</b>	
Dates of Employment:	Hours worked per week:
Major responsibilities & duties:	Reason for leaving:

**PART III. EDUCATIONAL PROGRAM FOR WHICH SCHOLARSHIP IS REQUESTED**

Name of school: \_\_\_\_\_

Are you currently enrolled in the above institution?      Yes    No  
 If not enrolled, have you been accepted for enrollment?    Yes    No

Field of Study/Major: \_\_\_\_\_

Will your academic schedule be:              Full-Time      Part-Time

Anticipated graduation date (month & year): \_\_\_\_\_

What are your career goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART IV. EDUCATION, AWARDS, COMMUNITY INTERESTS (List most recent first)**

<b>1. School</b>	Location	Dates Attended
Did you graduate?	Field of Study	Degree (certificate type, B.S., etc.)
<b>2. School</b>	Location	Dates Attended
Did you graduate?	Field of Study	Degree (certificate type, B.S., etc.)
<b>3. School</b>	Location	Dates Attended
Did you graduate?	Field of Study	Degree (certificate type, B.S., etc.)

<b>Awards or achievements</b>	<b>Source</b>	<b>Dates</b>
For example: Honor roll	President's Office, HVCC	Fall 2009, Spring 2010

**Community interests:** Please list the activities in which you participated, held office, etc.

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**PART V. HOUSEHOLD COMPOSITION**

Please indicate who lives in your household and their relationship to you.  
Provide the ages of those in school or under 5 years old.

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## PART VI. FINANCIAL INFORMATION

### Anticipated Income/Assets for the Year Covered By This Scholarship Application:

Income earned from work solely by applicant:	\$ _____
Income earned from work by spouse/partner:	\$ _____
Untaxed income and benefits:	
Social Security	\$ _____
Public Assistance	\$ _____
Disability	\$ _____
Cash, savings/checking accounts, CDs, etc.	\$ _____
Child support, Alimony	\$ _____
Income/assistance from other sources, such as free housing, free childcare or other monetary support from others	\$ _____
Financial aid or other scholarship awards or grants (Pending and/or received)	\$ _____
<b>TOTAL ANTICIPATED INCOME</b>	<b>\$ _____</b>

### Anticipated Expenses During Year Covered By This Scholarship Application

Total Annual Household Living Expenses:	
Mortgage/Rent/Utilities	\$ _____
Food	\$ _____
Clothing	\$ _____
Private Transportation	\$ _____
Public Transportation	\$ _____
Health Care/Insurance	\$ _____
Childcare/Eldercare	\$ _____
Other (explain) _____	\$ _____
Total Educational Expenses:	
Tuition and Fees	\$ _____
Books & Supplies	\$ _____
Other (explain) _____	\$ _____
Dependent(s) enrolled in academic institutions	\$ _____
<b>TOTAL EXPENSES</b>	<b>\$ _____</b>

**PART VII. PERSONAL STATEMENT**

Please provide a personal statement to allow the Scholarship Committee to learn more about you: your educational and personal goals, your financial need, and how you will benefit from this scholarship. Your statement should be no more than two (2) pages in length. Please type or write *clearly* in black or blue ink.

**Conditions and Terms of Agreement:**

If chosen as a Greater Capital Region Endowment Fund (GCREF) finalist, I agree to meet the scholarship committee members for a brief personal interview and presentation of proof of residency and proof of enrollment or acceptance in an eligible educational program. I understand that if given any grant, all applications and supporting information, including publicity, become the property of GCREF, and that the Cornelia A. Bregman Memorial Scholarship for Women Returning to Education is not affiliated with scholarship programs of New York State Women, Inc., or any scholarships of other local chapters.

I understand that this scholarship may be taxable under federal, state or local tax law. I certify that the information in this application is complete and accurate to the best of my knowledge and that I will notify the Scholarship Committee of GCREF if there are any changes.

I also understand that all applications will be held confidential, and no application material will be returned.

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**Name (please print) and Signature**

**Date**

Please tell us where you obtained this application or how you found out about our scholarship.

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**Applications must be mailed to:**

**Greater Capital Region Endowment Fund  
Scholarship Committee  
P.O. Box 391  
Delmar, NY 12054**

**Did you remember to enclose  
Five (5) copies each of:**

- \_\_\_\_\_ Application form
- \_\_\_\_\_ Personal Statement
- \_\_\_\_\_ Reference letter #1
- \_\_\_\_\_ Reference letter #2

**DEADLINE FOR POSTMARKED APPLICATIONS IS APRIL 1<sup>ST</sup>**