

The Women of Essex, Inc.

Established 2020



www.womenofessex.org

973-298-6935

info@womenofessex.org

P.O. Box 1385

Montclair, New Jersey 07042

The Women of Essex is an African-American service organization of business and professional women whose primary mission is to recognize and support students with documented learning differences who have demonstrated perseverance and commitment to achievement. The Women of Essex will provide financial support through our Student Aid Fund to these students who have chosen to pursue Post-Secondary Goals.





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SCHOLARSHIP APPLICATION

The Women of Essex has established three scholarships to recognize students with documented learning differences who have committed to making an impact in their community and beyond.

Gideon Scholarship: The Gideon Scholarship is awarded to a student who has consistently demonstrated academic excellence. The student must have a GPA of at least 3.5 and provide proof of acceptance to a four-year accredited college or university.

Striver Scholarship: The Striver Scholarship is awarded to a hard-working student who has demonstrated a strong work ethic and strives for academic excellence with support. The student must have a GPA of a least 2.5 and provide proof of acceptance to a two or four-year accredited college/university or vocational/technical program.

Phoenix Scholarship: The Phoenix Scholarship is awarded to a young woman who continues to strive for academic excellence despite overcoming a significant obstacle beyond having a documented learning difference. The student must have a GPA of at least 2.5 and provide proof of acceptance to a two or four-year accredited college/university or vocational/technical program.

Eligibility: Students must meet all the GPA requirements listed for the scholarship in which they are applying. Please submit the following:

- Application
- Signed consent form
- A typed response to one of the quotes listed, between 250-500 words
- A brag sheet
- A copy of your high school transcript
- A letter of reference from one of the following who can speak to your perseverance: High School Administrator, Teacher, Counselor, Representative of Religious or Community Organization.
- A copy of a letter of acceptance to a college or vocational/technical program based on the scholarship in which you are applying

Deadline: This application form and all the required documentation must be received by May 1, 2021.

Send to:

Women of Essex, Inc

P.O. Box 1385, Montclair, NJ 07042

or

E-mail to: **info@womenofessex.org**

Or complete online at

Website: **www.womenofessex.org**



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CONSENT TO RECEIPT/USE OF EDUCATION INFORMATION

I _____ [name of student if 18 years of age or older/or name of parent/guardian if student is under 18 years of age.], hereby consent to the release of [my/my child's] education records from _____ [name of school] to The Women of Essex, Inc. for purposes of evaluating [my/my child's] Scholarship Application. I understand that pursuant to the Family Educational Rights and Privacy Act ("FERPA"), education records include, but are not limited to, information about my academic standing, grades, and the existence of any Individualized Educational Plan ("IEP") or 504 plan. I understand that the contents of [my/my child's] IEP or 504 plan will not be disclosed, but rather, solely the existence of any current IEP or 504 plan will be shared with The Women of Essex, Inc. I further provide my consent to The Women of Essex, Inc. to utilize the foregoing educational information in connection with any public announcement or award ceremony in which [I/my child] may be identified as a scholarship recipient.

I acknowledge that I may submit a subsequent notification in writing directing The Women of Essex, Inc. to no longer retain or use [my/my child's] education information.

I hereby consent to the use of photographs/videotape taken during the awards ceremony for publicity, promotional and/or educational purposes (including publications, website postings, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

AGREED/SIGNED:

STUDENT (if 18 years of age or older)

DATE

PARENT/GUARDIAN (if student is under 18 years of age)

DATE

Women of Essex, Inc.

SCHOLARSHIP APPLICATION

STUDENT INFORMATION

NAME

Last	First	Middle Initial	Date of Birth
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MAILING ADDRESS

Street	City	State	Zip Code
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Name of High School: _____

Address of High School: _____

Grade Level: _____ GPA: _____

How did you come to hear about the Women of Essex scholarship?

Briefly State Your Career Goals and Aspirations:

Applicant's Name: _____

Please select and respond to one of the quotes below that resonates with you. Responses should be typed and range from 250-500 words. (Space provided below)

*In a gentle way, you can shake the world.
~ Mahatma Gandhi*

*Never let anyone, any person or any force dampen, dim or diminish your light.
~ John Lewis*

*Always stay true to yourself and never let what somebody else says distract you from your goals.
~ Michele Obama*

I hereby authorize the Women of Essex to contact my school for any additional information.

Applicant Signature

Date

Parent/Legal Guardian Signature (print)

Parent/Legal Guardian Signature (sign).

Date

Parent/Legal Guardian Signature (print)

Parent/Legal Guardian Signature (sign).

Date

Address (if different from applicant)

Street

City

State

Zip Code

Home Phone

Cell Phone

Student's E-mail Address

Parent's E-mail Address

Please Return Application:

Women of Essex, Inc.

P.O. Box 1385, Montclair, New Jersey 07042

or

info@womenofessex.org | www.womenofessex.org

Applicant's Name: _____

BRAG SHEET

Please fill out this form as accurately and completely as possible. Do not be afraid to “brag” about yourself a little. We want to get to know you.

List 3 adjectives that describe you and explain why.

1. _____

2. _____

3. _____

What are your plans post high school?

Career Goals: Where do you see yourself 5 years from now?

Complete each statement

On the weekends you can find me

I spent last Monday

I am really good at

Applicant's Name: _____

I want you to know that

I am most proud of

Extracurricular Activities: Any involvement with clubs/organizations (either in or out of school).

Organization/Club	Years/Grades	Position/Leadership Role/ Honors
Example - Spanish Club	2018-2020/11/12	Secretary

Community Service: Please list your off-campus activities such as church and community programs, volunteering, etc. List ways you have given back to the community. If you need more space, please attach an additional sheet.

Name of establishment	Years	Total Hours	Description
Simone Community Center	2018 - Present	10	Read to elementary students

Work Experience:

Employer	Dates	Job Title/Position	Duties

Applicant's Name: _____

Essay

- In a gentle way, you can shake the world. - Mahatma Gandhi
- Never let anyone, any person or any force dampen, dim or diminish your light. - John Lewis
- Always stay true to yourself and never let what somebody else says distract you from your goals. - Michele Obama

Applicant's Name: _____

Applicant's Name: _____

Do Not Write Below This Line

Date Application Received: _____ Date Reviewed: _____

Comments: _____

Reviewed by: _____

Decision: _____



Women of Essex, Inc.

Increasing the candidate pool of students from our community who are prepared to thrive in our global society.

www.womenofessex.org | 973-298-6935