



# 2017 SCHOLARSHIP APPLICATION

The Eleanor Roosevelt Center at Val-Kill (ERVK) makes every effort to award scholarships to as many girls as possible, within our available funding. To utilize our available funding most effectively, **we are not able to assist with travel costs.** To be considered for GLW scholarships, you must complete this Scholarship Application Form in its entirety. **Please include this form with your completed application packet, which is due March 17, 2017.** While ERVK strives to assist as many girls as possible, there are many ways an applicant can help to raise funds to support her tuition, whether it be a small amount or the entire cost of the program. Please visit [www.ervk.org](http://www.ervk.org) for more helpful information from our Fundraising Tool-Kit.

All scholarship requests are carefully considered based on:

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|--------------------------------------|----------------------------------------------------|------------------------------------------------------------------|
| Financial Need<br>Life Circumstances | Number of Applications Received<br>Travel Distance | Willingness to Fundraise in Community<br>Application Score/Merit |
|--------------------------------------|----------------------------------------------------|------------------------------------------------------------------|

1. **APPLICANT NAME:** \_\_\_\_\_
2. **FAMILY GROSS INCOME:** \$ \_\_\_\_\_ \*
- \* please note, we may request a W-2 or copy of your IRS tax return.
3. **Number of people (including adults) this income supports:** \_\_\_\_\_ **Ages of other siblings** \_\_\_\_\_
4. **Please list any types of State or Federal Aid received:** \_\_\_\_\_  
\_\_\_\_\_
5. **Occupation - Parent/Guardian 1:** \_\_\_\_\_ **Employer:** \_\_\_\_\_
6. **Occupation - Parent/Guardian 2:** \_\_\_\_\_ **Employer:** \_\_\_\_\_
7. **Amount Requested:**

Program Fee	\$2,500
LESS: Non-Refundable Deposit	(\$ 200 )*
LESS: Personal & Family Contribution	(\$ _____ )
LESS: Community Fundraising Goal	(\$ _____ )
Scholarship Requested	\$ _____

\*Upon acceptance to GLW, all participants must pay a non-refundable \$200 deposit.

**Please explain why you are requesting a GLW Scholarship** and note any special circumstances that will help us determine scholarship eligibility and make a fair decision.

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**Please enclose this completed Scholarship Application with your GLW Program Application.**

**Questions?** Please don't hesitate to contact us! Email: [GLW@ervk.org](mailto:GLW@ervk.org) or call 845-229-5302.