

RUTH TAYLOR AWARD FUND

ATTN: Karen Bonaparte  
 United Way of Westchester and Putnam  
 336 Central Park Avenue  
 White Plains, New York 10606

APPLICATION FOR 2008-09 ACADEMIC YEAR

CRITERIA FOR RUTH TAYLOR AWARD SCHOLARSHIP

Applicant must meet two criteria:

- o be a legal resident of United States and Westchester County

Proof of permanent residency is required; please submit proof of Social Security Number PLUS one of the following:

- a) Copy of valid driver's license (with Westchester address)
- b) Copy of current voter registration card (with Westchester County address)
- c) Utility bill or lease/mortgage document with recent date (with Westchester address)

- o be attending graduate school full-time in the field of social work or public health

Proof of matriculated full-time status must be submitted.

Information required to process the Ruth Taylor Award Fund scholarship application is held confidential. **Applicants are responsible for notifying this office should any information or circumstances change after submitting this application.**

**Applications require an original signature(s).** Once completed, print the application, sign accordingly, and return with packet materials. Application materials must be submitted in one packet, to include transcripts and letters of recommendation in sealed envelopes endorsed or signed by the provider across the envelop flap. Incomplete, e-mailed or faxed applications will not be considered.

PERSONAL DATA

Applicant's Name: \_\_\_\_\_  
 (Last) (First) (Middle)

Applicant's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Male  Female

Permanent Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip code

Temporary or Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip code

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)

Length of Residence in Westchester (years): From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ (MM/YYYY)

Marital Status: Single  Married  Separated  Divorced  Widowed

Number of Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_

**EMPLOYMENT HISTORY (BEGIN WITH MOST RECENT)**

<u>Employer</u>	<u>Address</u>	<u>Position</u>	<u>Dates of Employment</u>	<u>Salary</u>

**EDUCATIONAL PROFILE**

<u>Schools Attended</u>	<u>City/State</u>	<u>Dates of Attendance</u>	<u>Major Area of Study</u>	<u>Degree/Date Received</u>

**GRADUATE STUDIES**

Course of Study: \_\_\_\_\_

Degree Sought: \_\_\_\_\_

Name of school(s) which you expect to enroll in (or are currently enrolled in) for full-time graduate work:

<u>School</u>	<u>Address</u>	<u>Date of (Initial) Enrollment</u>

Time required to complete graduate studies (years): \_\_\_\_\_ Anticipated graduation date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FINANCIAL PROFILE**

Itemize annual cost of education (tuition, books, and equipment fees only):

Description	\$ Amount	Description	\$ Amount
Total Cost for All Items			\$ _____

What financial resources will be utilized toward meeting the above educational expenses for the applicable academic year?  
Please enter amount for each (insert zero dollars (\$00), as applicable).

Personal Savings .....	\$ _____
Earnings .....	\$ _____
*Family Aid .....	\$ _____
Government Benefits .....	\$ _____
Scholarships/Fellowships .....	\$ _____
Other Income .....	\$ _____
<b>TOTAL</b>	\$ _____

*\*If family aid is to be considered as a financial resource, please complete the box below:*

**TO BE COMPLETED BY PARENT OR GUARDIAN**

**Father/Male Guardian**

**Mother/Female Guardian**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Adjusted Gross Income: (previous year IRS 1040) \$ \_\_\_\_\_

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Estimated Adjusted Gross Income: (current year) \$ \_\_\_\_\_

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No. of Exemptions Claimed: \_\_\_\_\_

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*The following information will permit reviewers to better access applicant's financial disposition:*

Parents' marital status:  Single  Married  Separated  Divorced  Widowed

If parents not married (separated), please indicate with whom you reside: \_\_\_\_\_

Ages of Applicant's Siblings: \_\_\_\_\_ No. of Siblings Attending College Next Year: \_\_\_\_\_

**Other Family Aid:**

Name of family member: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Family's Annual Income: (check one)  under \$20,000  \$20,000 - \$39,999  
 \$40,000 - \$59,999  \$60,000 - \$79,999  
 \$80,000 - \$100,000  over \$100,000

List current and previous grants (meaning, no repayment terms) and/or scholarships with amounts:

Source:	Date Received: (mm/dd/yyyy)	Amount:
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____

List source and amount of existing student or other loan (repayment) obligation(s) being used to finance your education:

Source:	Amount Owed:
_____	\$ _____
_____	\$ _____
_____	\$ _____

Give any further information that bears on applicant's *financial need* (explaining why the Ruth Taylor scholarship is sought):

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**SUPPLEMENTAL DOCUMENTS**

- Essay – ***Attach separate sheet; 500 words or three (3) pages maximum; Times Roman, 12-pt font, doubled spaced, and one inch margins.***

Please explain your reasons for entering your chosen field and what you hope to accomplish in that field with respect to public service [elaborate on what type setting you intend or might want to practice in and/or what type(s) of activities you hope to be involved with (e.g., setting meaning not for profit, government, etc.; type of activity meaning advocacy, public policy, case management, etc.)]. Include descriptions of past, current, and planned activities that demonstrate your commitment to the community and public service.

- References

Please submit three (3) references (in sealed envelopes) from sources named below as part of your Application packet. List names of references:

(1) School:	(1) _____
(2) Professional:	(2) _____
(3) Personal (non-relative):	(3) _____

- Transcript(s)

Please submit **OFFICIAL TRANSCRIPT** of your undergraduate and graduate work, if applicable, from all college(s) or universities. Include honors received and, if possible, your academic rank or standing in the class.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***If family aid to be considered:***

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Privacy Statement***

*All Ruth Taylor Award Committee Members (heretofore referred to as "Committee Members," "our", and "we") have agreed to strict privacy practices. No personal information is sold, rented or traded to third parties. Committee Members recognize the importance of protecting information we may collect, whether collected electronically, in-person, or by other direct and indirect modes, with regards to the entire application process. Our policy is to use the information we acquire from applicants, educational institutions, references and other necessary sources for internal purposes only, and we maintain appropriate security measures to keep this information private.*