RUTH TAYLOR SCHOLARSHIP AWARD APPLICATION for 2025-26 Academic Year

United Way of Westchester and Putnam

336 Central Park Avenue White Plains, New York 10606

**Criteria for Ruth Taylor Scholarship Award (RTSA)**

**Applicant must meet three criteria:**

* + **Must 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 (as part of your submission):

1. Copy of valid driver's license (with Westchester address)
2. Copy of current voter registration card (with Westchester County address)
3. Utility bill or lease/mortgage document with recent date (with Westchester address)
	* **Must be attending graduate school FULL-TIME in the field of social work or public health.**

Proof of matriculated full-time status must be submitted.

* **Must not have previously received a Ruth Taylor Scholarship Award.**

The application and most of the supporting documents required to process the RTSA application must be submitted in electronic or hard copy formats and are held confidentially. Applicants are responsible for notifying this office if information/circumstances change after application is submitted (e.g., student status becomes PT).

Applicants can submit **documents** via e-mail at **tschultz@uwwp.org**including: (1) Completed Ruth Taylor Scholarship Award Application; (2) Essay; and (3) Transcripts/Proof of Full-Time Matriculated Status/other information. They can also mail the documents to or mailed to Ruth Taylor Scholarship Award c/o United Way of Westchester and Putnam, 336 Central Park Avenue, White Plains, NY 10606.

**Letter of recommendation must be submitted by a teacher or academic advisor via email to** **tschultz@uwwp.org** **or mailed to Ruth Taylor Scholarship Award c/o United Way of Westchester and Putnam, 336 Central Park Avenue, White Plains, NY 10606.**

**Copies of all materials** **described above, except the letter of reference,** must be submitted in one pdf or hard copy packet. Incomplete 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)**

 **Dates of**

**Employer**  **City/State Position Employment Salary**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#  **Public Service Involvement (begin with the most recent)**

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**Organization City/State Duties**  **Dates of Service**

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# **Educational Profile**

#  **Dates of Major Area Degree/**

**Schools Attended City/State Attendance of Study Date Received**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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:

 **Date of (Initial)**

**School Address Enrollment**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 | $\_\_\_\_\_\_\_\_\_\_\_\_ |

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

Personal Savings …………………………………………….. $

Earnings …………………………………………….. $

**\***Family Aid …………………………………………….. $

Government Benefits …………………………………………….. $

Scholarships/Fellowships ..……………………………………….. $

Other Income …………………………………………….. $

 **TOTAL $**

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

**To Be Completed by Parent or Guardian**

|  |  |
| --- | --- |
| ***Guardian No. 1*** | ***Guardian No. 2*** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Adjusted Gross Income: (previous year IRS 1040) $\_\_\_\_\_\_\_\_\_\_\_ | Adjusted Gross Income: (previous year IRS 1040) $\_\_\_\_\_\_\_\_\_\_ |
| Estimated Adjusted Gross Income: (current year) $\_\_\_\_\_\_\_\_\_\_\_ | Estimated Adjusted Gross Income: (current year) $\_\_\_\_\_\_\_\_\_ |
| No. of Exemptions Claimed: \_\_\_\_\_\_\_\_\_\_ | No. of Exemptions Claimed: \_\_\_\_\_\_\_\_ |
| *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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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: Amount:

 (mm/dd/yyyy)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List current student or other repayment obligation(s) used to finance your education:

Source: Current Amount Owed: Repayment Timeframe

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List previous student or other repayment obligation(s) used to finance your education:

Source: Previous Amount Owed: Repayment Timeframe

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How do you plan to pay for any remaining educational expenses for the upcoming academic year not covered by grants/awards/student loans?

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

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***GUIDELINES FOR SUPPLEMENTAL DOCUMENTS***

* **ESSAY:**  ***Attach separate sheet; 500 words or three (3) pages maximum; Times Roman, 12-pt font, doubled spaced, and one inch margins. This document is your chance to describe your passion for public service, what led you to that passion and how you see yourself using that passion in the future in public service (i.e., describing your intent to choose a public service career).***

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 the type of setting in which you intend or might want to practice].
	+ What type(s) of activities you hope to be involved with (e.g., *not for profit, government, advocacy, public policy, case management, etc*.).
	+ Describe past, current, and planned activities that demonstrate your involvement and/or commitment to community, volunteerism and public service.

The essay will also be used to evaluate your written communication skills, an important criterion used in scoring applications. *Please note: A well-written essay plays a critical role in determining an award.*

* **TRANSCRIPT(S)/PROOF OF FT MATRICULATED STATUS/OTHER RELATED INFORMATION:**
	+ Please submit ***official transcript*** of your undergraduate and graduate work, if applicable, from all college(s) or universities.
	+ Include proof of matriculated full-time status
	+ Also include information about honors received and, if possible, your academic rank or standing in the class.
* **LETTER OF RECOMMEDATION**
	+ The letter should be from a teacher or academic advisor.
	+ The letter must be submitted the teacher or academic advisor via email to **tschultz@uwwp.org** or mailed to Ruth Taylor Scholarship Award c/o United Way of Westchester and Putnam, 336 Central Park Avenue, White Plains, NY 10606.

**\*REMEMBER TO submit** MOST **materials EITHER electronically or in hardcopy format (See first page).**

* **all REQUIRED electronic documents should be sent via e-mail to Mr. Schultz at** **tschultz@uwwp.org**
* **ALL HARD COPY Materials SHOULD BE MAILED TO HER, IN ONE PACKET, TO: ruth taylor award fund, Attn: Tyler Scultz, United Way of Westchester and Putnam, 336 Central Park Avenue, White Plains, New York.**

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.*