



CONNECTIONS | CAREERS | COMMUNITY

FORM 25

# asist

EXECUTIVE WOMEN INTERNATIONAL  
ADULT STUDENTS IN SCHOLASTIC TRANSITION

## Scholarship Program

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**Executive Women International<sup>®</sup> (EWI<sup>®</sup>)**

*Reaching out to Communities  
Through Education*

[ewiconnect.com](http://ewiconnect.com)

For instructions on submitting application,  
please contact EWI Corporate Office  
at 801.355.2800 or [ewi@ewiconnect.com](mailto:ewi@ewiconnect.com).

*Revised January 2011*



**EXECUTIVE WOMEN INTERNATIONAL  
ADULT STUDENTS IN SCHOLASTIC TRANSITION  
SCHOLARSHIP PROGRAM**

**PROGRAM DESCRIPTION**

The Adult Students in Scholastic Transition (ASIST) Scholarship is a non-discriminatory, educational scholarship program for the benefit of non-traditional students. These include persons who are past high school age and who are entering a college, university, or trade schools and/or the workforce for the first time, non-traditional students already enrolled in a college/university or trade program, are re-training due to changes in the workplace, or who otherwise are not the traditional college or trade school student, recently finished with high school.

The ASIST Scholarship Program helps provide financial support to adult students in a variety of transitional situations. The goal of the ASIST Program is to enable recipients to improve their self-esteem and to have a positive impact on the recipient's personal life, employment, family, and community.

In addition to the Chapter ASIST, there are twelve Corporate awards (payable in USD) given annually. Corporate candidates are selected from Chapter winners.

Awards are provided for the recipients' education and related expenses to aid them in obtaining the necessary educational skills to help achieve career goals and objectives. Related expenses include tuition, books and mandatory fees from schools (such as lab fees), and child care. Not included are such things as rent, utility payments, travel expense, or repayment of student loans. Checks for Chapter and Corporate scholarship awards are paid directly to the respective college or university. Scholarship awards are valid for two years from date granted. Unclaimed awards will be returned to the Chapter or Corporate B/C/DP accounts for redistribution.

Selection criteria includes, but is not limited to, the following:

- Financial need
- Socially, physically and economically challenged adults
- Responsible for small children

Applicants must meet the following eligibility requirements:

- Clearly define career goals and objectives
- Specify the educational requirements to attain the above goals and objectives
- Utilize re-entry programs available through colleges/universities, community agencies and service groups or career professionals
- 18 years of age or older
- Applicant must reside within the boundaries of an EWI Chapter



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**EWI ASIST SCHOLARSHIP APPLICATION INSTRUCTIONS/CHECKLIST**

It is very important that this packet of materials be completed as thoroughly and as quickly as possible in order to meet the deadlines established by the Chapter. Be concise, yet thorough, when answering all questions. Type your responses or print legibly in black ink. All financial information provided will remain confidential.

Submission Checklist:

- Complete all required sections entirely and accurately. Incomplete applications will not be considered.
- Be sure to sign the application where indicated.
- Include copy of most recent federal or state tax return and W-2 Form.
  - If applicable, include a copy of application for:
    - Student aid (federal financial aid form)
    - Other scholarships
    - Government grants
    - Government loans
    - Government aid (food stamps, rent/housing subsidy, etc.)
    - Unemployment benefits, or
    - Other financial assistance
- Use the enclosed Personal Recommendation Form (form may be copied) to obtain **two** letters of recommendation from individuals knowledgeable enough about you both academically and personally to provide insight into your personal characteristics, abilities, achievements, motivation and potential. **One** of the evaluations **must be from an employer, teacher, guidance counselor or other school official.** The second **must be from someone with whom you have worked on a community or volunteer service activity, through religious affiliation or personal acquaintance.** Before you decide on your evaluations, read the Personal Recommendation Sections carefully to help you understand the type of information required. When you make the request of your evaluators, be sure they feel comfortable about completing the form.
- Obtain an Official transcript of grades from educational provider or ACT scores.

**COMPLETED APPLICATION SHOULD BE RETURNED TO:**

**Executive Women International**

Chapter: Los Angeles

Chapter ASIST Chair: Kari Williams

Address: 221 S. Figueroa St. – Suite 500

City, State, Zip: Los Angeles, CA 90012

Phone or e-mail Address: [ewi.la.asist@gmail.com](mailto:ewi.la.asist@gmail.com)

**DEADLINE DATE FOR SUBMISSION: April 30, 2012**



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Application

Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Work/Cell Phone Number: \_\_\_\_\_  
\_\_\_\_\_ Marital Status: \_\_\_\_\_  
City/State/Province/Zip \_\_\_\_\_

List Dependent(s) (If different from your tax return, please explain)

Name	Ages	Relationship to Applicant

WORK HISTORY

Employer	Description of Position	Employment Dates To / From	Hours per Week

EDUCATION (list major if college graduate)

Name of School	Course of Study	Dates Attended	Graduated (Yes/No)

School Currently Attending

Name \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Province/ Zip \_\_\_\_\_ Full or Part-Time Student? \_\_\_\_\_  
Total Credits Earned: \_\_\_\_\_ Remaining Credits Needed to Graduate: \_\_\_\_\_  
Planned Graduation Date: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

**NOTE: Please provide an Official Transcript of Grades from educational facility currently attending.  
If you are not currently enrolled in school, please provide your ACT scores.**



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**Application**

**INCOME/FINANCIAL DATA**

Please provide the following documents:

- Copy of any student aid application (if applying for)
- List with amounts or any grants or aid you receive
- Copy of your most recent tax return and W-2 Form

**MONTHLY INCOME**

Total Monthly HOUSEHOLD Income	\$
Total Monthly INDIVIDUAL Income	
Employment Salary	
Alimony/Allowance	
Child Support	
Government Assistance (food stamps, rent/housing subsidy, other _____)	
Veteran Benefits	
Unemployment / Social Security	
Interest Income/Dividends	
Student Loan, Scholarships and Grants	
Other	
<b>TOTAL INCOME</b>	<b>\$</b>

**MONTHLY EXPENSES**

	\$	<u>Current School Expenses</u>	<u>Per Semester</u>
Rent/Mortgage (specify which)		Tuition	
Telephone		Books	
Utilities (gas, electricity, water, sewage, etc.)		Transportation	
Food		Other	
Clothing		<b>TOTAL SCHOOL EXPENSES</b>	<b>\$</b>
Medical/Dental			
Credit Card Payments			
Insurance (life, home, medical, etc.)			
Child Support/ Alimony		<u>Projected School Expenses</u>	<u>Per Semester</u>
Day Care or School		Tuition	
Car Payments		Books	
Car Insurance		Transportation	
Car Maintenance / Gas		Other	
Other Household Expenses (specify)		<b>TOTAL SCHOOL EXPENSES</b>	<b>\$</b>
<b>TOTAL EXPENSES</b>	<b>\$</b>		

**Total Educational Funds requested for year 20\_\_ \$ \_\_\_\_\_**

**Are you the recipient of any other scholarships? List amounts and names of scholarships.**

\_\_\_\_\_



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**Application**

**ESSAY (attach additional pages as needed)**

Your essay must (1) describe what your life's goals and objectives are and how obtaining additional education or a college degree will further these goals and objectives, and (2) explain what qualifies you for this scholarship.

Please limit your essay to 750 words.

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By signing this application, I verify the above information to be true and correct and authorize the use and disclosure of such information to members, officers, employees and agents of EWI. In addition, I consent for all purposes to the sale, reproduction and/or use of photographs and voice recordings by EWI, including any agency, in all forms and media including television and advertising.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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**PERSONAL RECOMMENDATION FORM**

**INSTRUCTIONS:** Two letters of reference must accompany the individual's application. The reference letters should comment on the following points:

- State how well, how long and in what capacity you know the applicant
- Your knowledge of the applicant's personal situation
- Why you are recommending this individual for an ASIST award
- The applicant's goals/objectives and potential for success

One letter of recommendation must be completed by an individual of the student's choice who is a past or present employer, teacher, guidance counselor or other school administrator.

A second letter of recommendation must be completed by an individual of the student's choice from a religious affiliation, volunteer organization or personal acquaintance.

Recommendation letters must be typed and limited to one page, one-sided.

The student named here is a candidate for the EWI ASIST Scholarship. Scholarships are disbursed directly to the student's account at his/her college/university of choice.

The recommendation letters will become part of the student's confidential file intended for use by the selection committee.

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

Recommending Person \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_



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# Media Release

**Form 28**

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Project Name/Chapter:	Date:
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I consent for all purposes to the sale, reproduction and/or use of photographs and voice recordings by Executive Women International and by any nominee and designee of Executive Women International, including any agency, in all forms and media including television and advertising.

In giving this consent on a work for hire basis, I release Executive Women International, their nominees and designees from liability for any violation of any personal or proprietary right I may have in connection with such sale, reproduction or use.

I am more than 18 years of age, or am the parent or legal guardian of the minor named below and have the legal authority to execute the above consent and release. As parent/legal guardian for the named minor, I approve the foregoing and waive any rights in the premises for and on behalf of said minor.

**SIGNATURE**

**PRINTED NAME**

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***Under 18 Requires Guardian's Consent***

**PARENT/LEGAL GUARDIAN SIGNATURE**

**PARENT/GUARDIAN FOR:  
(Please print)**

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**ROUTING INSTRUCTIONS:** Return one copy to Chapter Secretary and one copy to the Executive Director at the Corporate Office.