The Phoenix Federal Women’s Program Interagency Council (PFWPIC) is proud to announce its 3rd Annual Scholarship. One scholarship will be awarded to a deserving college student.

PURPOSE

To assist eligible and currently enrolled undergraduate students in their pursuit of higher education.

ELIGIBILITY

All Arizona college undergraduate students with a GPA of 2.0 to 3.5. Applicants must submit their transcripts as proof of eligibility.

Applicants must be enrolled in an undergraduate program at a credited university or college. **Proof of enrollment for the fall semester is needed in order to receive the scholarship.**

Must be an Arizona resident as well as a U.S. citizen and/or have legal status.

One award is allowed per applicant per year.

Scholarships may be awarded to prior recipients, provided they reapply.

APPLICATION PROCEDURES

Your application package must contain the following information:

1. Application form and most current transcript.
2. A 500-word essay on the following theme: “How can you apply your career path/degree program in the Federal Government?”
3. Resume of work experience.
4. Two letters of recommendation (teacher, supervisor, volunteer coordinator, etc.).

FAILURE TO SUBMIT REQUIRED DOCUMENTATION WILL DISQUALIFY YOU FROM CONSIDERATION.

JUDGING CRITERIA

1. Essay.
2. Potential for future contributions toward your community.
3. Academic awards and honors.
4. Participation in extracurricular activities and community volunteer work.
5. Work-related awards, commendations, etc. (if applicable).

APPLICATIONS MUST BE RECEIVED NO LATER THAN MIDNIGHT ON MAY 18, 2015 (TO THE EMAIL ACCOUNT) OR POSTMARKED NO LATER THAN MAY 18, 2015 (TO THE POST OFFICE BOX). IF YOU HAVE ANY QUESTIONS, CONTACT NICHOLE OLSKER AT (623) 773-6258.
2015 UNDERGRADUATE SCHOLARSHIP APPLICATION FORM

NAME: __________________________________________________________________________________

LAST                                                              FIRST                                                 MI

MAILING ADDRESS: ____________________________________________________________

STREET ADDRESS                                                                    APT. NUMBER

CITY                                                 STATE                                ZIP CODE

EMAIL ADDRESS: ______________________________________________________________________

PHONE NUMBER: ____________________________________     __________________________________

HOME                                                          WORK

WHEN DO YOU EXPECT TO BEGIN YOUR STUDIES _______________________________________

WHAT SCHOOL DO YOU PLAN TO ATTEND ____________________________________________

WHAT IS YOUR EXPECTED GRADUATION DATE _________________________________________

MONTH/YEAR

COLLEGE MAJOR: ________________________________________________________________

COLLEGES, UNIVERSITIES PREVIOUSLY ATTENDED:

SCHOOL                             CREDIT HOURS                  DATES ATTENDED                             GPA

____________________________________________________________________________________

____________________________________________________________________________________

SPECIAL ACHIEVEMENTS, ACCOMPLISHMENTS, AWARDS (ACADEMIC, CIVIC, ATHLETIC, AND/OR
WORK RELATED):

____________________________________________________________________________________

____________________________________________________________________________________

LIST ALL VOLUNTEER WORK AND MEMBERSHIPS (PROFESSIONAL AND CIVIC ORGANIZATIONS):

NAME OF ORGANIZATION                                       DATES                                        POSITION HELD

____________________________________________________________________________________

YOU MAY ATTACH ADDITIONAL SHEETS IF NEEDED.
STATE BRIEFLY YOUR PROFESSIONAL OBJECTIVES:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

I confirm by my signature that the information I have provided to the Scholarship Committee is accurate and true to the best of my knowledge. I understand that the scholarships are awarded at the discretion of the Scholarship Committee, and I give the Committee permission to contact my school for verification of this information. I authorize with my signature below that if selected as a PFWPIC scholar, my name may be used for the publicity, promotion and advertisement of the PFWPIC Scholarship Committee.

_____________________________
SIGNATURE

_____________________________
DATE

All documents become the property of the Phoenix Federal Women’s Program Interagency Council Scholarship Committee.

DEADLINE: APPLICATIONS MUST BE RECEIVED NO LATER THAN MIDNIGHT ON MAY 18, 2015 (TO THE EMAIL ACCOUNT) OR POSTMARKED NO LATER THAN MAY 18, 2015 (TO THE POST OFFICE BOX).

EMAIL APPLICATIONS TO: phoenixfwp@yahoo.com

MAIL APPLICATIONS TO: PFWPIC - SCHOLARSHIPS
P.O. BOX 34802
PHOENIX, ARIZONA 85067-4802