



*Kalamazoo Community Foundation*  
**WOMEN'S EDUCATION COALITION  
GRANT PROGRAM**

*The Women's Education Coalition is a cooperative venture of Alpha Kappa Alpha Sorority, Inc.; Delta Sigma Theta Sorority, Inc.; Kalamazoo Network and the YWCA of Kalamazoo. Its purpose is to provide renewable grant assistance to women who are currently underemployed or unemployed and in need of education to become financially self-sufficient.*

**Who is eligible?**

Women residing in Kalamazoo, Barry, Calhoun, Allegan, St. Joseph or Van Buren Counties who are U.S. Citizens or Permanent Resident Aliens (green card holders) are eligible for WEC grants. Priority will be given to underemployed working mothers and those enrolling or enrolled in not-for-profit educational institutions. Applicants must be adult women who have had a significant break in their formal education and can demonstrate how post-high school education will help them reach their goals of increased financial independence. They may enroll in any educational curriculum or program or professional development opportunity that will lead to employment or improved employment. They must be admitted to the institution of their choice. Both part-time and full-time students may apply for assistance.

**How can the grant be used?**

Grants may be used to pay for tuition, fees, books, child care, transportation and other educational needs for graduate, undergraduate, certificate and professional development educational programs. In most cases, the grant dollars will be issued directly to the educational institution.

**Is there a maximum or minimum award?**

No. Awards are given based on the need of the grant recipient. If unforeseen circumstances arise after the award has been determined in any given year, applicants may notify the selection advisory committee, which may recommend an additional award. Grant recipients may apply to renew their awards as long as they are in good standing at their institution.

**How are the awardees chosen?**

Each applicant is asked to provide a statement of goals, a personal/work history, letters of recommendation, and financial information that demonstrates the need for financial assistance. All information is confidential. Applications are evaluated by the WEC Selection Advisory Committee, which gives priority to the following factors in the order listed:

- Evaluation of the applicant's plan
- Financial need, including analysis of the Free Application for Federal Student Aid when appropriate
- Special circumstances

**WEC applications may be obtained by contacting:**

Women's Education Coalition Grant Program  
Kalamazoo Community Foundation  
402 East Michigan Avenue  
Kalamazoo, MI 49007  
Phone: 269.381.4416 Fax: 269.381.3146  
Web: [www.kalfound.org](http://www.kalfound.org)

**Application Deadline: May 15 or the next business day if May 15 falls on a weekend.**

# WOMEN'S EDUCATION COALITION APPLICATION CHECKLIST

Consider how your completed application will appear to the advisory committee, which recommends the grant finalists. Your application represents you, so its appearance is important.

The following suggestions are made to assist you in producing your best grant application.

- 1) Make a copy of the application and complete a draft before writing on the original application.
- 2) Respond to every question that applies to you or write N/A if it doesn't apply to you.
- 3) Include all supporting documentation (see grant application cover page). If you are unable to include the information requested, please explain why. **Do not submit any documents that contain your social security number. If a document contains your social security number, please use a black marker to cross it out.**
- 4) When you write about your personal ambitions and goals, provide enough information so the advisory committee clearly understands your plans and can recognize your potential.
- 5) Be sure your handwriting is legible if you do not type your responses.
- 6) Double-check your spelling.
- 7) Ask someone to proofread the application.

We appreciate the time and energy you put into completing your application and wish you the very best in your endeavors!



## WOMEN'S EDUCATION COALITION

*Grant Application Cover Page*

I am applying for a Women's Education Coalition Grant. I understand that only complete applications will be considered and that the following information must be in the office of the Kalamazoo Community Foundation no later than **5:00 p.m. on May 15 or the next business day if May 15 falls on a weekend:**

**A. I understand that as a certificate and degree-seeking applicant I must provide:**

- A completed grant application. *Remember to answer every question that applies to you.*
- A carefully prepared statement of my goals and ambitions.
- Two letters of recommendation from people who know me well, but are not family members (such as an instructor, counselor, pastor, employer, social worker).
- An official copy of my college transcript(s) if I've completed course work in the past 5 years.
- Verification that I have applied for financial aid (Free Application for Federal Student Aid):
  - I completed the 2015/16 Free Application for Federal Student Aid on \_\_\_\_ / \_\_\_\_ /2015.
  - I have filled out only the top of the Financial Information Summary form that was attached to this application and have forwarded it to the college/university.
  - I will not be applying for financial aid. I am including tax returns or a copy of my W-2. ***If you are submitting a W-2, please "black out" your Social Security Number.***

Explanation of why you are not eligible to file a FAFSA: \_\_\_\_\_

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**B. I understand that as a seminar and workshop applicant I must provide:**

- A completed grant application. *Remember to answer every question that applies to you.*
- A carefully prepared statement of my goals and ambitions. ***Not to exceed 3 pages.***
- Two letters of recommendation from people who know me well, but are not family members (such as an instructor, counselor, pastor, employer, social worker).
- A detailed budget for the seminar/workshop and a list of other financial resources, including the amount I can contribute.

### CERTIFICATION

I hereby affirm that the information provided on this form and in the accompanying material is accurate and complete to the best of my knowledge. In addition, it is my understanding that information contained in my application may be shared with the grant selection advisory committee and that efforts will be made to protect the privacy of the information. I also affirm that I am not a child, stepchild, grandchild, step-grandchild, great grandchild, brother, sister, spouse or domestic partner of a distribution advisory committee member or Kalamazoo Community Foundation trustee or employee.

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Applicant's Signature

Date

**Kalamazoo Community Foundation**  
**402 East Michigan Avenue • Kalamazoo, MI 49007-3888**  
**269.381.4416 • 269.381.3146 • www.kalfound.org**

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 Alpha Kappa Alpha Sorority, Inc.; Delta Sigma Theta Sorority, Inc.; The Kalamazoo Network; and the YWCA of Kalamazoo.*



WOMEN'S EDUCATION COALITION  
Grant Application

Last/First/Middle Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_

Email \_\_\_\_\_ Are you a U.S. Citizen or Permanent Resident Alien?  Yes  No

County in which you currently reside \_\_\_\_\_ Age \_\_\_\_\_

How did you hear about the Women's Education Coalition Grant? \_\_\_\_\_

Marital Status  Single  Married  Separated  Divorced  Widowed

Family Income Range (all sources)

- Under \$10,000                       \$10,000 - \$19,999                       \$20,000 - \$29,999
- \$30,000 - \$39,000                       \$40,000 - \$49,000                       \$50,000 and above

How many people does the family income support? \_\_\_\_\_

Name of Dependent	Age	Relationship to You

Indicate membership in the following organizations (membership is not required for application):

- Alpha Kappa Alpha Sorority, Inc.                       YWCA of Kalamazoo
- Delta Sigma Theta Sorority, Inc.

*The following information is optional.*

Race/Ethnicity (You may check more than one box.)

- African American                       Asian/Pacific Islander                       Caucasian
- Hispanic                       Native American/Aleutian                       Multi-racial
- Other \_\_\_\_\_

POST-HIGH SCHOOL INFORMATION

Please complete this section only if you are applying for financial assistance to earn a certificate or college degree.

Are you currently enrolled in school?  Yes  No

If yes, please provide the name of the school \_\_\_\_\_

School you will attend during the coming academic year \_\_\_\_\_

Type of Degree  Certificate/Diploma  Associate's  Bachelor's  Graduate

Year in school during the coming academic year  Fr  Soph  Jr  Sr Grad  1  2  3  4

Will you be a full-time student?  Yes  No

Please indicate the # of credits you plan to take in each of the following sessions:

\_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer

Major field of study \_\_\_\_\_ Expected graduation date (Month/Year) \_\_\_\_\_

How will you use this grant? \_\_\_\_\_

Approximate need \$ \_\_\_\_\_

SEMINAR & WORKSHOP INFORMATION

Please complete this section **only** if you are applying for financial assistance to attend a seminar or workshop.

Name of seminar or workshop \_\_\_\_\_

Brief description of the seminar/workshop \_\_\_\_\_

Sponsored by \_\_\_\_\_

Location \_\_\_\_\_

Dates of seminar or workshop \_\_\_\_\_ Registration fee \$ \_\_\_\_\_

Please provide the costs associated with the following:

Lodging	\$ _____
Course materials (if not included in the registration)	\$ _____
Transportation	\$ _____
Meals	\$ _____
TOTAL	\$ _____

What amount can you contribute toward the cost of the seminar/workshop? \$ \_\_\_\_\_

What other financial resources are available to you? \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

**EDUCATIONAL HISTORY**

High School

Date of Graduation        /        /        OR        Date of GED        /        /

Please list educational institutions you have attended as well as workshops, seminars, etc. Provide only post-high school information. Begin with the most current information.

Name of Institution	Number of Cr. Hours	GPA	Dates Attended	Degree Granted

**WORK/VOLUNTEER EXPERIENCE**

Please list your work and/or volunteer experience during the past four years, beginning with your most recent position. If additional space is needed, please provide the information on a separate page.

Employer/Organization	Position	Hours/Week	Beginning and Ending Dates	Salary or Hourly Wage

**STATEMENT OF GOALS AND CIRCUMSTANCES**

Please carefully describe your educational goals on a separate page. **Your response should not exceed three double-spaced pages** and must include answers to the following three questions:

1.        What are your educational and personal goals for the future and how will a degree, certification or seminar/workshop assist you in meeting these goals?
2.        What have been the circumstances or stumbling blocks that have prevented you from achieving your educational and personal goals?
3.        What steps have you already taken toward achieving your goals?

**IMPORTANT NOTE: Please be assured all information provided in your application will remain confidential except as noted on the grant cover page.**



WOMEN'S EDUCATION COALITION  
*Financial Information Summary*

**To the Scholarship Applicant** Please provide the following information before taking this form to the Student Financial Aid Office.

I authorize the college/university listed below to release the information requested below to the Kalamazoo Community Foundation for consideration during the scholarship selection process.

College/University \_\_\_\_\_

Name of Student \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Student College ID # \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

Student's Signature \_\_\_\_\_

**To the Financial Aid Office** The above named student is applying for the Women's Education Coalition grant. Please complete the following information and postmark to the address listed below by May 15 or the next business day if May 15 falls on a weekend.

Kalamazoo Community Foundation Scholarship Program  
402 East Michigan Avenue  
Kalamazoo, MI 49007-3888  
Phone: 269.381.4416  
Fax: 269.381.3146

Please enter the results of your calculation using the methodology applicable to an external scholarship award.

College Cost/Budget for 2015/2016 \$ \_\_\_\_\_

Parent Contribution \$ \_\_\_\_\_

Student Contribution \$ \_\_\_\_\_

Calculated Need for 2015/2016 \$ \_\_\_\_\_

This student was evaluated as  a dependent student  an independent student

The student's grade level classification in the fall of 2015 will be \_\_\_\_\_

Student College ID # \_\_\_\_\_

**To the Financial Aid Office** Information for the 2015/2016 academic year should reflect the aid package offered to the student.

<b>Gift Aid</b>	<b>Amount Offered</b>
College Gift Aid	
Grants	\$ _____
Scholarships	\$ _____
Federal Grants/Pell & SEOG	\$ _____
Michigan Competitive or Tuition Grant	\$ _____
Other Scholarships, Grants or Gifts	\$ _____

<b>Self-help Aid</b>	<b>Amount Offered</b>
Federal Stafford Loan (subsidized only)	\$ _____
Federal Perkins Loan	\$ _____
Institutional Loan	\$ _____
Federal Work-Study (FWS)	\$ _____
Other	\$ _____

**Total Financial Aid Offered** (2015/2016 only) \$ \_\_\_\_\_

**Unmet Need for 2015/2016** (need minus aid) \$ \_\_\_\_\_

This financial aid package information is based on  Estimated information, verification pending  
 Estimated information, no verification intended  
 Verified information

Name of person completing this form \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

College/University \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_