



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.; YWCA of Kalamazoo and the former Kalamazoo Network. 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 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 or other financial information as requested 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 **Web:** 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 completing 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.
- ☐ I completed the 2019/2020 Free Application for Federal Student Aid ____/____/____.
- ☐ I will not be applying for financial aid. I am including tax returns or a copy of my 1040.

If you are submitting this document, please "black out" your Social Security Number.

Explanation of why you are not filing a FAFSA _____

- ☐ I have filled out and signed the top of the Financial Information Summary form that was attached to this application and have forwarded it to the college/university.

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.

Applicant's Signature _____

Date _____

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

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Grant Application Cover Page

Last/First/Middle Name _____

Permanent Address _____

City/State/Zip _____

Home Phone Number _____

Work Telephone Number _____

Email _____

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

Financial Aid ☐ I have completed the 2019/2020 Free Application for Federal Student Aid (FAFSA)
☐ I will not be applying for financial aid and am including tax returns or a copy of my 1040.

Explanation for why you are not filing the FAFSA _____

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.

Race/Ethnicity *This information is optional. You may check more than one box.*

☐ African American ☐ Asian/Pacific Islander ☐ Caucasian
☐ Hispanic ☐ Native American/Aleutian ☐ Multi-racial
☐ Another Race/Ethnicity _____

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 number 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
Phone: 269.381.4416

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

College Cost/Budget for 2019/2020 \$ _____

Parent Contribution \$ _____

Student Contribution \$ _____

Calculated Need for 2019/20 \$ _____

This student was evaluated as ☐ A dependent student ☐ An independent student

The student's grade level classification in the fall of 2019 will be _____

Student College ID # _____

To the Financial Aid Office Information for the 2019/2020 academic year should reflect the aid package offered to the student.

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

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

Total Financial Aid Offered (2019/2020 only) \$ _____

Unmet Need for 2019/2020 (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 _____