

Renewal FORM

Our Mission

The Women's Fund of El Paso, Inc. is dedicated to improving the status and quality of life for women and girls in the El Paso area. Through purposeful and affordable philanthropy, we aim to promote the connections women need in order to access the vital resources that foster economic growth and individual leadership potential.

Eligibility

- Previously awarded Women's Fund of El Paso Scholarship Recipients
- Have not yet earned bachelor's degree
- Maintained enrollment during awarded semester
- Maintained 2.75 cumulative GPA

Renewal of Award will be

- Based on need
- Must be used for educational or training fees, tuition, books, or child care

Required Documents

- Updated/most recent transcript (unofficial acceptable)
- Updated/most recent financial aid award letter
- Proof of enrollment – if not on transcript provide official enrollment confirmation from university/school
- Essay answering the following questions:
 1. How has the scholarship from the WFEP helped you?
 2. What have you been able to achieve this past year?
 3. How have you been able to give back to your community this past year?

IMPORTANT:

If awarded, all monetary awards are paid DIRECTLY to the educational institution or child care facility.

Application Deadlines: Fall Semester – July 15th & Spring Semester – December 15th

Submit complete application and all required documents in one packet via email to:

wfepscholarship@gmail.com

Last Name _____ First Name _____ Middle Name _____ Birth Date: _____ - _____ - _____
MM DD YYYY

Student ID: _____ Major: _____

Classification: _____

Local Street Address _____ Apt # _____ City/State _____ Zip _____

E-mail: _____ Phone number: (____) _____ - _____ Cell number: (____) _____ - _____

Place of Employment: _____ Part-time Full time

Degree/Certification currently seeking:
 Certification Associates degree Bachelor's degree

Expected Graduation Date: _____

Educational institution information:
 Name: _____
 Address: _____
 Phone: _____

Amount Requested: \$ _____
 Date amount needed by: _____
 How will funds be utilized: _____
 \$ _____ Tuition Cost
 \$ _____ Books Cost
 \$ _____ Child Care Cost

I certify that the information on this application is correct to the best of my knowledge. I hereby give permission for this information to be released to the donor or potential donors of any scholarship for which I may be eligible. Furthermore, I authorize the publication of my award and agree to participate in an interview for this purpose.

Note: If you are including child care costs in the amount requested, please submit an invoice or form demonstrating fees and indicating the name and address of the facility.

Print Name _____

Signature _____

Date _____