

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.

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

Instructions to submit: This completed application and all required documents must be submitted as a packet in one (1) email to wfepscholarship@gmail.com

Eligibility

- Woman living in the El Paso County
- Attending a university/college/technical school within El Paso, Hudspeth or Dona Ana counties pursuing one of the following:
 - Job training
 - Technical or vocational certification
 - Associate's or bachelor's degree
- Cumulative GPA of 2.75 or higher

Note: Applicants interested in a Master's or Ph.D. program are not eligible to apply

Scholarship Awards

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

Required Documents

- All information requested on this form must be filled out for this application to be considered
- Most recent transcript (unofficial acceptable)
- A copy of 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. What challenges do you face today and what personal strengths will help you succeed?
 2. How will this scholarship help you achieve your educational goals?
 3. Once you achieve your educational goal, how do you plan to give back to El Paso?

IMPORTANT: If awarded, all monetary awards are paid DIRECTLY to the educational institution or child care facility. Child care facility must be licensed and submit a W-9 form to the Women's Fund of El Paso.

For questions: call (915) 218-2610 or email wfepscholarship@gmail.com

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

Student ID: _____ Major: _____

Classification: _____

 Local Street Address Apt # City/State Zip

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

Place of Employment: _____ Part-time Full time

Education (check all that apply)

High School GED Trade School Certification Other _____

Amount Requested: \$ _____

Date amount needed _____

by: _____

How will funds be utilized: _____

\$ _____ Tuition Cost

\$ _____ Books Cost

\$ _____ Child Care Cost

Educational institution information:

Name: _____

Address: _____

Phone: _____

IMPORTANT:

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

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