WEDC APPLICATION FOR SCHOLARSHIP FOR CONTINUING EDUCATION

PLEASE READ CAREFULLY AND COMPLETE BOTH SIDES OF THIS APPLICATION.

The Women's Enterprise Development Center Inc. is pleased to announce that a limited number of scholarships for classes at community colleges or other approved institutions are available to qualified WEDC graduates. The purpose of these scholarships is to enable WEDC graduates to pursue additional training that is related to the development of their small businesses.

The number and amount of these scholarships are limited (generally between \$200-\$400 each). As a result, WEDC cannot guarantee the availability of any scholarship or amount thereof. In addition, WEDC must choose scholarship winners from among an extraordinarily talented and deserving group of graduates. Applications are reviewed on a rolling basis. Scholarships are determined by WEDC's sole discretion, based on the written application below and after consideration of the following factors:

- 1) Applicant's inability to pay tuition.
- 2) The relevance and importance of the course to Applicant's existing or proposed business enterprise and to her/his entrepreneurial goals.
- 3) The likelihood that Applicant will be able to complete the course successfully.
- 4) The ability of applicant to learn the course information through other sources.
- 5) Applicant's demonstrated drive and determination to apply the course learning to her/his business development.
- 6) Applications are reviewed on a rolling basis. Decisions will be made within thirty days of the due dates.
- 7) Such other factors as WEDC shall deem relevant.

A maximum of one scholarship per year (two scholarships in total) will be awarded to one individual. WEDC employees and members of their immediate families are not eligible.

Mail completed application to:

Women's Enterprise Development Center Inc. Attn: Scholarship Committee 1133 Westchester Avenue, Suite N-220, White Plains, New York 10604.

Part I. PERSONAL INFORMATION

Name:			
Address:			Zip
Telephone: ()	email:		
WEDC Graduation class term and year:			
Are you a U.S. citizen? Yes No _	(For statist	ical purposes only	y)
Please note highest grade in school complet	ted successfully	and name of scho	ool attended:
Grade School			
Name of your Business:			
Type of Business:			
Location of Business:			
Please indicate status of your business:			
information- please describe			
Business launched- year			
Business income for prior year,	as applicable.		

Part II. SCHOLARSHIP INFORMATION				
Current household income: \$ Number of dependents in your household Source(s) of income:				
Household income prior to attending WEDC program \$				
Please indicate below the required information about the course for which you wish to receive a scholarship. (NOTE: Each course requires a separate application). <i>Please attach a copy of the course description from the course catalogue</i> .				
Name of course desired: Name of Institution:				
Course identifying number Days/times of the course:				
Course credits, if applicableTuition/fee for course:				
Are you pursuing a degree or certificate program?YESNO If yes, please explain:				
Do you wish this course to be credited toward the degree or certificate program?YESNO				
Please indicate below how the course you wish to take will help you achieve your business goals. Be specific in describing your business and your business goals and relating them to the course curriculum. Feel free to attach an additional page, if needed.				
Part IV. CERTIFICATION All information furnished in support of this application is true and complete and, if requested, I will submit proof of same. I understand that failure to comply with requests for additional information will invalidate my application and result in the termination of any aid granted.				
Signature Date:				