



E. Jean Goulet Workforce Scholarship
APPLICATION PREVIEW

NOTE: This PDF is not the official application. Your social worker will provide you with the official application link once you have met the minimum requirements. This application is subject to change.

Date of Application:

Name (First, Middle, Last):

Date of Birth:

Email:

Phone Number:

Employment Status:

Are you legally able to work in the United States?

- ☐ Please upload official documentation (i.e. U.S. Passport, Green Card, birth certificate, E- Verification, current paystub)

Employer:

Job Position:

Annual Salary:

Job Responsibilities:

Highest Level of Education:

- ☐ Please upload a copy of your resume
- ☐ Please upload proof of high school education

Are you currently in school?

What course of study will you be enrolled in?

*How many credits have you earned towards this course of study?

- ☐ If you have earned credits toward this field of study, please provide a copy of your transcripts

* What is the total cost of your training/certification?

- ☐ Upload official documentation which states the amount requested, agency, and location

* How many credits do you still need to graduate?

* What is your anticipated date of completion/graduation?

* What is the total cost of tuition for the upcoming term?

* How much are you able to contribute at this time (self-pay)?

* How much money are you requesting from this Scholarship Fund? (Up to \$4,000)



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* If your tuition is not covered 100%, how do you plan to cover the balance of your educational costs?

* Are books/lab fees needed in your specific program of study?

* Institution's mailing address:

Are you receiving any other scholarships, grants, or student aid?

Please list other scholarships, grants, or student aid expected (including granting institution, amount, and award year).

*Do you currently have student loans?

How will you supplement your monthly expenses? (i.e. Transportation, childcare, food, bills, books, etc.)

If you are awarded this scholarship, will you be working while attending school?

Income and subsidy breakdown. Amount for: individual wages, household members' wages, monthly expenses, child support, SSI, disability, unemployment, alimony

*Does anyone in your household receive any of the following public benefits or services?

Please check all that apply:

- ☐ Childcare
- ☐ AHCCCS
- ☐ Medicare
- ☐ Food Stamps
- ☐ WIC
- ☐ Other

- ☐ Please upload proof of all applicable benefits or services

Essay Questions (150 – 300-word response)

- Tell us about your experience in the Fresh Start Impact Program. How has this program helped you with your personal and professional development thus far?
- What about this particular career field interests you? Please focus on the duties and responsibilities of someone in this field, not simply the salary or benefits that might be afforded someone in this field. *
- How will this certification/training program help you in your long-term goals? When answering the question, please be sure to address the following:
 - Why are these goals important to you?
 - How will these goals bring you to economic self-sufficiency?
 - What motivates you to accomplish your goals?
 - What steps have you already taken toward your goals?
 - What types of support would you like to receive from your Social Worker and other Social Workers as you pursue your goals?
 - What attributes/characteristics/attitude/skills do you think you can bring to your training program that will push you toward your goals?



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- What 3 websites, aside from those related to this particular certificate program, have you visited to research this career?
- What barriers do you believe you might face when returning to school or what concerns you most about making this decision? Please include how you plan to overcome these barriers & concerns.

Checklist

- ☐ I am a Maricopa County resident who qualifies for the in-county tuition rate (if applying for a program through Maricopa Community Colleges)
- ☐ I acknowledge I am responsible for the \$15 registration fee at the beginning of each academic year (if applying for a program through Maricopa Community Colleges).
- ☐ I acknowledge that I will need to submit proof of certification/vocational training enrollment before scholarship funds are released if awarded. I acknowledge that I will have 90 days from my award date to send enrollment information to scholarships@fswf.org

****Release of Information***

By signing this form you are giving permission to the institution to release your information including test scores, program completion and anything that may pertain directly to your E. Jean Goulet Workforce Memorial Scholarship to Fresh Start Women's Foundation.

Please release information to the Fresh Start Scholarship Committee: scholarships@fswf.org