##  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## UWD College/University/Seminary Scholarship Application for American/European Students

### Requirements

* + Applicant must be female.
	+ Applicant must be a member in good standing in the Moravian Church.
	+ Application must be accompanied by a letter of recommendation from the applicant’s pastor.
	+ Applicant must be at least a rising university level 3 or 4 or in graduate school. (Scholarship is for 2 years.)
	+ Applicant must be pursuing a degree that will lead to work in a field that benefits women or girls. Examples include, but are not limited to, degrees in education, social work, and health care.

Send completed application by March 31 of the year in which a Women’s Conference will be held: Next European will be held in 2017 and American will be held in 2019

Unity Women’s Desk
459 South Church St.
Winston-Salem, NC 27101

You can also e-mail the application to: unitywomen2011@gmail.com

### Applicant Information

|  |  |
| --- | --- |
| Name: | First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: | Street or PO Box: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Region or State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Province: |  |
| Congregation: |  |
| Pastor: |  |
| Date of Application: |  |

### Education Background

|  |  |
| --- | --- |
| Name of Current College/University: |  |
| Is this where scholarship will be used? | Yes \_\_\_\_\_ No \_\_\_\_ |
| Current Year in College/ University/Seminary: |  |
| Major and Degree being Pursued: |  |
| Current Grade Point Average: |  |
| Expected Graduation Date: |  |
| Other Schools Attended:(List any other colleges/ universities attended) | Name of School Dates Attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Additional Education: (List relevant seminars, conferences, internships, and continuing education courses) |  |

### College Information

|  |  |
| --- | --- |
| Name of College/University/Seminary Where Scholarship Will be Used |  |
| Address of Registrar’s Office:(Where funds will be sent) | Street or PO Box: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Funds are Due: |  |

### Career Goals

1. Describe how you plan to use your intended degree in a career that benefits women and girls.

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2. What are your short-term professional goals (next 5 years)?

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3. What are your long-term professional goals (5-10 years)?

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4. Describe any community / extracurricular activities in which you participate that are related to service for or with women.

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5. Describe any leadership roles you hold or have held in the past.

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5. Explain how you participate in your local congregation or Province and any positions you hold.

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### Reference Information

Please attach a letter of reference from your pastor.

In addition, please provide two other references. These can be personal, academic, or professional references.

|  |  |
| --- | --- |
| Name of Reference: |  |
| Relationship to Applicant: |  |
| Contact Information: | Street or PO Box: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Name of Reference: |  |
| Relationship to Applicant: |  |
| Contact Information: | Street or PO Box: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### Approvals

This section is completed by the Provincial Coordinator, Sub-Desk Coordinator, and UWD Coordinator to indicate the applicant has been granted a scholarship.

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| --- | --- | --- |
| Role | **Name and Signature** | **Date** |
| Provincial Coordinator: |  |  |
| Sub-Desk Coordinator: |  |  |
| UWD Coordinator: |  |  |

### Payment Information

This section is completed by the UWD Coordinator.

|  |  |
| --- | --- |
| Date Scholarship Awarded: |  |
| Date Check or Wire Transfer Sent: |  |
| Date Acknowledgement Received: |  |