



UWD College/University Scholarship - North America

INSTRUCTIONS FOR APPLICATION - Please keep this page for your records.

Application Deadline: March 1, 2020

ELIGIBILITY

Applicant must be female.

Applicant must be a member in good standing in the Moravian Church OR active participant in a Moravian outreach ministry.

Applicant must be a high school senior OR applying for first year of undergraduate studies.

Please note that if a scholarship is granted, the recipient will be expected to share her progress with the UWD and to volunteer with the UWD at least 10 hours per year.

APPLICATION INSTRUCTIONS -

Complete the application form, SIGN, and send to the UWD along with the following:

___ Copy of FAFSA SAR (Summary Report) (<https://studentaid.gov/help-center/answers/article/how-to-get-a-copy-of-sar>) to prove financial need.

___ Essay. Please attach a one-page essay: What does Christian service mean to you? It may be helpful to describe a woman who has served as a role model or example to you. Please share how you have served your family, congregation or community and how this has impacted you. How do you hope to serve in the future? How will your education impact this?

___ Estimated Budget – Be sure to complete the Estimated Budget portion of the application.

___ Letter of Reference from Pastor and one other adult.

___ Transcripts – Request an official transcript from your high school to be sent to the Committee. Please request your current term transcript prior to deadline, but ask your registrar's office that the request be held for processing until final grades are posted to your transcript for the current term. It is fine for the Committee to receive transcripts in mid-to-late May.

Send completed application by March 1 of the year the funds will be needed to:

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

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

IF GRANT IS AWARDED:

Provide the Committee with proof of your acceptance by an accredited institution of higher education; or, if you are already enrolled, proof of your eligibility to return for further study. Funds will not be released until the UWD receives this proof.

GRANT RENEWAL:

Scholarship recipients will receive funding until the completion of their degree up to a maximum of FOUR years, provided they are making satisfactory progress. Please submit grades at the end of each academic year along with a statement that you will continue your program in the next academic year.





College/University Scholarship Application - North America Applicant Information

Moravian Church Province (Circle One) Northern Province Southern Province

APPLICANT INFORMATION:

Last name First Name Middle Name

Mailing Address

Email Address: Phone Number

REFERENCES (Pastor/Ministry Leader and 1 other):

Name of Congregation/Ministry Pastor's Phone

Pastor Pastor's Email

OTHER REFERENCE :

Name Phone

Relationship to Applicant Email

High School Information:

If you have graduated but not started college, please note this in the answer below and include a brief statement about why you have not started college.

Name of High School: _____

Anticipated Graduation Date: _____

Approximate GPA - 4.0 scale: _____

What college or university do
you plan to attend? _____

Have you applied? _____

Have you been accepted? _____



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

Explain how you participate in your local congregation, Province and community organizations.

BUDGET: Please complete budget to attend your top choice institution. If you decide to attend another institution please submit a revised budget when you accept the school's offer.

Student _____

School _____

Budget estimates are for (check one): (we prefer you submit budget for one academic year)

- Semester
 9-month School Year
 Summer Session
 Other, specify _____

Dates of school term checked above: _____

Budget:

| | |
|--------------------------------------|--|
| Educational Costs: | |
| -Tuition | |
| -Books | |
| -Room/Board | |
| -Other (itemize below) | |
| | |
| A. TOTAL COSTS: | |
| | |
| Grants/Other Funding (Itemize Below) | |
| | |
| B. TOTAL GRANTS/OTHER FUNDING | |
| NET FINANCIAL NEED: A-B | |

*Describe other financial assistance for which you are applying. Source? Amount?

I affirm that, to the best of my knowledge, the information given by me in this application and in all supporting documents is accurate and complete.

(your signature)