

FORM 19

EXECUTIVE WOMEN INTERNATIONAL®

**Executive Women International
Scholarship Program
(EWISP)**

**Reaching out to Communities
Through Education**

EXECUTIVEWOMEN.ORG

Please contact the EWI Corporate Office,
801.355.2800, for instructions on submitting application.

Revised August 2007

**EXECUTIVE WOMEN INTERNATIONAL®
SCHOLARSHIP PROGRAM
(EWISP)**

EWI SCHOLARSHIP APPLICATION INSTRUCTIONS/CHECKLIST

Congratulations on your selection as an EWI Scholarship Applicant. This honor ranks you among the highest achieving 11th grade/juniors from across the United States and Canada participating in the program. If awarded, this scholarship will cover tuition and course-related expenses. It is very important that this packet of materials be completed as thoroughly and as quickly as possible in order to meet the deadlines as set by the local Chapter.

This packet includes the following materials:

- Instructions/Checklist
- Application – Section 1
- Biographical Questionnaire – Section 2
- Essay – Section 3
- Secondary School Report – Section 4
- Two Recommendation Form Letters – Sections 5 and 6

Reminder – Please be concise, yet thorough, when answering all questions in your packet of materials. Responses to questions cannot be smaller than 10 point (the size used in this document).

Submission Checklist:

- Complete all required sections entirely and accurately.
- Make sure that the application has been signed where indicated by you, your parent/guardian, and school official.
- Use the enclosed Personal Recommendation Forms to obtain **two** letters of recommendation from individuals knowledgeable enough about you both academically and personally, to provide insight into your personal characteristics, abilities, achievements, motivation and potential. **One** of the evaluations **must be from a teacher, guidance counselor or other school official**. The second **must be from someone with whom you have worked on a community, church, or volunteer service activity, or an employer**. Before you decide on your evaluations, read the Personal Recommendation Sections carefully to help you understand the type of information required. When you make the request of your evaluators, be sure they feel comfortable about completing the form.
- Complete the Biographical Questionnaire. Please make certain that you read and sign the Verification on this section.
- Complete the Essay, limiting your response to no more than **750 words**. Your essay should be typed or computer printed, using black ink. Be sure to use a typeface no smaller than 10 point (this size).
- Obtain an Official Transcript of Grades from your school.

COMPLETED APPLICATIONS SHOULD BE RETURNED TO:

Executive Women International

Chapter _____

Chapter Chair _____

Address _____

City, State, Zip _____

Phone or e-mail Address _____

**EXECUTIVE WOMEN INTERNATIONAL®
SCHOLARSHIP PROGRAM
(EWISP)**

APPLICATION

SELECTION CRITERIA:

Selection of Executive Women International Scholarship Program winners is based on a number of factors, with special emphasis on each individual's character, personal merit and background. Merit is demonstrated in a variety of ways: leadership in school, civic and other extracurricular activities, academic achievement, and motivation to serve and succeed in all endeavors.

The Deadline for Application Submission is _____.

Chapter Finalists will be notified in early May and the Corporate Competition will be conducted between June and August. The Corporate 1st place winner will be invited to receive the award at the Executive Women International Leadership Conference & Annual Meeting held annually in September.

ELIGIBILITY:

A student may apply for an Executive Women International Scholarship Program award if he/she is:

- Current, full-time secondary school 11th grade student/junior or comparable level student enrolled in a public, private or parochial school* located within the geographical boundaries of a participating EWI Chapter
- Planning to pursue a degree at an accredited post-secondary institution
- Anticipating graduation from high school in the spring of the following year

***NOTE: Only one student per school is eligible to enter**

CERTIFICATION:

A. Applicant

IMPORTANT: Review this form and make certain you have responded accurately to all items.

I certify that all the statements made in this application form are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Signature _____ Date _____

Print Name _____

B. Counselor/Principal/Headmaster/School Official

I have reviewed the applicant's responses and certify that they are correct, insofar as the official school records indicate.

Signature: _____

Print Name: _____

School Name: _____

School Address: _____

School Phone: _____ Date: _____

ACADEMIC INFORMATION:

Note: Equivalent scores for three common grading systems are given. If your school uses a different system, please consult with your school counselor. Your application cannot be accurately evaluated if you omit this item. **If “A” is the highest grade in your school, consider it as choice 5 and adjust the other grades accordingly.**

1. Check the box that indicates your OFFICIAL cumulative grade-point average on an unweighted basis at the end of your 10th grade/sophomore year or comparable level.

4-POINT SCALE	LETTER GRADE	PERCENT GRADE
<input type="checkbox"/> 3.00 – 3.24	B	83-86
<input type="checkbox"/> 3.25 – 3.49	B+	87-89
<input type="checkbox"/> 3.50 – 3.74	A-	90-92
<input type="checkbox"/> 3.75 – 3.89	A	93-96
<input type="checkbox"/> 3.90 – 4.00	A+	97-100

2. Indicate the type of curriculum for the courses you are currently taking. (Select only one.)

- Honors or advanced placement
- College preparatory/University bound
- General/core studies

3. Class Rank (per the end of your 10th grade/sophomore year)

- A. Enter your exact class rank at the end of your 10th grade/sophomore year _____
- B. Enter the size of the entire 10th grade/sophomore class. _____
- C. NOTE: If your school does not rank its students, ask your guidance/school counselor for an alternative, such as top 1%, top 2%, etc. for your class ranking.
 - Top 1% of class Top 10% of class
 - Top 2% of class Top 15% of class
 - Top 5% of class Top 20% of class

4. Current Year Demographics (11th grade student/Junior):

- A. Class Size
 - Small: 1 - 99 students
 - Medium: 100 - 199 students
 - Large: 200 - 349 students
 - Very large: 350 + students

5. Type of School (circle one):

- Public Private
- Parochial Catholic

6. Are you an 11th grade student/junior expecting to graduate a year from now? (circle one) yes no

SCHOOL ACTIVITIES:

Fill in the blank under each grade in which you were an elected or appointed officer, or in which you participated as a member

	GRADE		
	9	10	11
7. Student Council			
President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vice President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Class Officer			
President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vice President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. National Honor Society			
President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vice President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. School Newspaper			
Editor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistant Editor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff/Contributor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. School Yearbook			
Editor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistant Editor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff/Contributor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. National Beta Club			
President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vice President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Key/Rotary/Service Club			
President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vice President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. School and Classroom-Related Clubs

(for example, FFA, Band, Debate Team, Music, 4-H, Drama, Foreign Language or Science Club).

20. Please list the paying jobs you have had (including summer employment) within the last three years:

Job/Type of Work	Employer	Dates (to-from)	Hours Worked Per Week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EXECUTIVE WOMEN INTERNATIONAL
SCHOLARSHIP PROGRAM
(EWISP)**

BIOGRAPHICAL QUESTIONNAIRE

The following questions are designed to learn more about you. Responses to Section 1 (You – the Applicant) and Section 2 (Your Family) will have no bearing on the judging of the application. All information is strictly confidential.

Note: The selection of scholarship recipients is influenced by the fullness of replies. However, please limit your answers to the space provided. Do not use a font size smaller than 10 point -- this size.

A. YOU – THE APPLICANT

1. Legal Name in Full:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
2. Permanent Home Address:			
City:	State/Province:	Zip Code:	
3. Telephone:	4. Date of Birth:	5. SSN or equivalent:	
6. Fax:	7. Email address:		

8. Citizenship (*Mark only one*)
- | | |
|--|--|
| <input type="checkbox"/> US Citizen | <input type="checkbox"/> Temporary Resident |
| <input type="checkbox"/> US National | <input type="checkbox"/> Canadian Citizen |
| <input type="checkbox"/> US Permanent Resident | <input type="checkbox"/> Other (explain) _____ |

B. YOUR FAMILY

Please enter complete information about your parent/guardian below.

Name of Parent or Guardian _____
 Address _____
 City, State/Province, ZIP _____
 Telephone _____

EDUCATIONAL BACKGROUND AND ACTIVITIES

1. List the schools (*other than your current high school*) that you have attended in the last three years. Please list them in order of attendance, with the most recent first:

School Name	City, State/Province	Dates Attended

**EXECUTIVE WOMEN INTERNATIONAL®
SCHOLARSHIP PROGRAM
(EWISP)**

ESSAY

Name: _____
School: _____
City, _____
State/Province _____

Your essay should demonstrate style, depth and breadth of knowledge and individuality. Please limit your essay to no more than 750 words. The essay should be typed in black ink, but should not utilize a print size smaller than 10 point (the size used in this document).

VERIFICATION: I verify that the following essay is my own work.

Signature: _____ Date _____

TOPIC: You have demonstrated that you are a person who is committed to achieving very high standards. Who or what inspires you? (Attach additional page for essay completion, if necessary.)

SCHOOL PROFILE

1. Total School Enrollment _____ 2. Enrollment of 11th grade _____
3. Does school offer:
- Advanced Preparatory Courses: _____
 - Honors Courses: _____
 - College Studies: _____

Graduation requirements:

Other requirements: _____

Independent and off-campus study:

VERIFICATION OF STUDENT'S SCHOOL-RELATED AND COMMUNITY ACTIVITIES

I verify that the information pertaining to the school and community activities submitted by the applicant is true and correct.

Signature of School Official: _____

Printed Name of School Official _____

Title of School Official _____ Date _____

ATTACH CERTIFIED TRANSCRIPT OF GRADES HERE

Lack of a transcript will render the student ineligible for the scholarship competition.

**EXECUTIVE WOMEN INTERNATIONAL
SCHOLARSHIP PROGRAM
(EWISP)**

PERSONAL RECOMMENDATION FORM

INSTRUCTIONS: This form must be completed by an individual of the student's choice who is a teacher, guidance counselor or other school official.

Recommendation must be typed and is limited to one page, one-sided.

The student named here is a candidate for an EWI Scholarship. EWI will award eight Corporate scholarships to high school 11th grader students/juniors wishing to pursue a career in any business or professional field of study. Scholarship winners are announced at the Business/Career/ Development Program awards luncheon held each September during the EWI Leadership Conference and Annual Meeting. Scholarships are disbursed directly to the student's account at his/her college/university of choice.

The Evaluation Committee would like your comments on this student's leadership qualities, communication skills, involvement in school and extracurricular activities, and dedication. Please make no reference to the financial condition of the student or the student's family.

Your evaluation will become part of the student's confidential file intended for use by the Evaluation Committee. Please complete and return this form with your letter of recommendation attached to this form for inclusion with other materials to be mailed to the EWISP Chair.

Student Name: (First, middle initial, last) _____

Recommending Person _____ Title _____

Address _____

Number of years/months acquainted with student _____ years _____ months

In what capacity? _____

Signature _____

Please note that the application/evaluation must be dated no later than _____
If this evaluation is not returned by the deadline, the student will not be considered for the scholarship competition.

**EXECUTIVE WOMEN INTERNATIONAL
SCHOLARSHIP PROGRAM
(EWISP)**

PERSONAL RECOMMENDATION FORM

INSTRUCTIONS: This form must be completed by an individual of the student's choice who is an individual the student knows well through religious affiliation, family-friend, one you have worked with on a volunteer service activity or an employer.

Recommendation must be typed and is limited to one page, one-sided.

The student named here is a candidate for an EWI Scholarship. EWI will award eight Corporate scholarships to high school 11th grade students/juniors wishing to pursue a career in any business or professional field of study. Scholarship winners are announced at the Business/Career/ Development Program awards luncheon held each September during the EWI Leadership Conference and Annual Meeting. Scholarships are disbursed directly to the student's account at his/her college/university of choice.

The Evaluation Committee would like your comments on this student's leadership qualities, communication skills, involvement in school and extracurricular activities, and dedication. Please make no reference to the financial condition of the student or the student's family.

Your evaluation will become part of the student's confidential file intended for use by the Evaluation Committee. Please complete and return this form with your letter of recommendation attached to this form for inclusion with other materials to be mailed to the EWISP Chair.

Student Name: (First, middle initial, last) _____

Recommending Person _____ Title _____

Address _____

Number of years/months acquainted with student _____ year _____ months

In what capacity? _____

Signature _____

Please note that the application/evaluation must be dated no later than _____
If this evaluation is not returned by the deadline, the student will not be considered for the scholarship competition.