



# RUTH B. SAYRE SCHOLARSHIP

<http://cwcusa.org>

This memorial scholarship of \$500 is offered for the purpose of fostering educational development of women.

## INSTRUCTIONS FOR COMPLETING APPLICATION

1. Applicant must be a woman and a legal resident of the USA who shows financial need and the ability to complete her education.
2. Application with attachments must be submitted, reviewed, and signed by the state society president/chairman of the affiliated ACWW/CWC society from your state. See list of societies, <http://cwcusa.org/Membership.html>.
3. Please type or print plainly. Attach the following IN ORDER INDICATED to the completed application.
  - a. Two character reference letters (ONLY two letters will be allowed and both from non-family members),
  - b. Official transcript of high school or equivalent (i.e. state test scores) and college courses completed.
  - c. A one page summary of your participation in school and community, work experience, educational goals and financial need.

Applicant's Name \_\_\_\_\_

Present Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_

Email \_\_\_\_\_

Marital Status \_\_\_\_\_ Dependents \_\_\_\_\_

Occupation or business of parent(s) if single \_\_\_\_\_

Your occupation \_\_\_\_\_

Spouse's occupation \_\_\_\_\_

What will be the source of your funds? ie: Family income, scholarships, grants, Pell grant, savings, parents, or other \_\_\_\_\_

How much is available \_\_\_\_\_

Have you received this scholarship before? \_\_\_\_\_ Yes \_\_\_\_\_ No

**EDUCATIONAL INSTITUTION IN WHICH ENROLLMENT IS DESIRED**

Institution's Name: \_\_\_\_\_

Institution's COMPLETE Mailing Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Degree Sought: \_\_\_\_\_

Expected Date of Completion: \_\_\_\_\_

Amount of Tuition/Fees per Semester: \_\_\_\_\_

Amount of Other Fees per Semester:\$ \_\_\_\_\_

Date Payment MUST be made: \_\_\_\_\_

Have you been admitted? \_\_\_\_\_

Should I be selected as winner of the Ruth B. Sayre Scholarship, I grant the Country Women's Council USA the right to use, publish, and copyright (including audio, moving image, or photograph) for educational programs and publications, web sites, and promotion of Country Women's Council.

**Print name of Parent or Guardian**

\_\_\_\_\_

Parent or Guardian must sign if subject is under age 18

\_\_\_\_\_

Please Place Photo  
HERE  
Using Rubber Cement

SEND COMPLETED APPLICATION WITH ATTACHMENTS BY **MARCH 1<sup>ST</sup>**, TO Donna Zarovy, WAHCE President  
6207 203<sup>rd</sup> Avenue, Bristol, WI 53104

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date application completed \_\_\_\_\_

Sponsoring State ACWW/CWC Society \_\_\_\_\_

\_\_\_\_\_

Signature of State ACWW/CWC Society President/Chairman

\_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RUTH B. SAYRE Scholarship applications shall be POSTMARKED TO CWC VICE CHAIRMAN BY **APRIL 1<sup>ST</sup>**  
For additional information contact Debbie Mote [ddmote@hotmail.com](mailto:ddmote@hotmail.com)

**SCHOLARSHIP MONEY SHALL BE SENT TO THE EDUCATIONAL INSTITUTION ON OR ABOUT AUGUST 1st**

The scholarship winners names will be posted on the web site, <http://cwcusa.org> after June 1.