



The Sedona Women are dedicated to making a positive and lasting impact on the community by providing opportunities for women to build relationships, to learn about the community, to support community needs, and to enhance the natural beauty and distinctive character of Sedona.

## SCHOLARSHIP APPLICATION

### The Sedona Women Helen Wolfe Scholarship

**Eligibility Criteria:** To qualify for this scholarship, the applicant must be a woman who is a permanent resident of the Verde Valley, encompassing Cottonwood, Jerome, Cornville, Camp Verde, Rimrock, Lake Montezuma, Clarkdale, the Village of Oak Creek and Sedona (zip codes 86322 – 86351).

Scholarship Amount: Not to exceed \$3500.

The applicant should also be a re-entering student whose education has been interrupted for a period of time. **Applicant must already have been accepted at an accredited academic or vocational institution.** The Sedona Women Board of Directors must vote to award this scholarship prior to award notification.

**Please return the completed scholarship form and attachments to: The Sedona Women, Scholarship Committee, P. O. Box 405, Sedona, AZ 86339.** The completed application and all attachments must be postmarked **no later than April 1, 2024.** Approved scholarships will be awarded in May 2024. Alternatively, you may scan and email the application and attachments to the Scholarship Committee Chair no later than the deadline (Chair’s email address is listed on The Sedona Women website: [www.thesedonawomen.com/scholarships](http://www.thesedonawomen.com/scholarships))

#### SECTION A: STUDENT INFORMATION (PLEASE PRINT)

Full Name: Click here to enter text.	Date of Birth: Click here to enter text.	Marital Status: Click here to enter text.
Permanent Mailing Address: Click here to enter text.		Ethnicity: Click here.
Street Address (if different): Click here to enter text.		
Home Phone: Click here to enter text.	Cell Phone: Click here to enter text.	Email: Click here to enter text.
Last Schools Attended and When (include date applicant passed GED, if applicable): Click here to enter text.		

#### SECTION B: FUTURE PLANS

School, College, University or Vocational School where accepted: Click here to enter text.	Student ID: Click here.
Degree or Certificate Sought: Click here to enter text.	
Anticipated Date of Completion: Click here to enter text.	
Declared or Planned Major: Click here to enter text.	

### SECTION C: APPLICANT'S PERSONAL STATEMENT

Please submit on a separate sheet of paper a personal statement covering the following topics and any other information that might be helpful to the Scholarship Committee:

1. Tell us about yourself and challenges you may have encountered.
2. Demonstrate your financial need and how this scholarship would benefit you.
3. Tell us about your future aspirations.

### SECTION D: HOW DID YOU LEARN ABOUT THE SCHOLARSHIP?

Click here to enter text.

### SECTION E: REFERENCES & TRANSCRIPTS

Two letters of recommendation from non-family members who support your goals **must** be included with this application. **Include contact information, preferably phone numbers.** If you have completed at least one semester of college recently, or at any time in the past, please attach an unofficial transcript.

### SECTION F: SCHOOL OR COLLEGE OFFICIAL VERIFICATION (IF APPLICABLE)

Please provide the name and contact information of a person at the school we can contact about you. [Click here to enter text.](#)

### SECTION G: PLEASE LIST ALL ADDITIONAL SOURCES OF FINANCIAL AID APPLIED FOR, INDICATING DOLLAR AMOUNTS RECEIVED OR PENDING AS OF THE DATE OF THIS APPLICATION

Click here to enter text.

### SECTION H: PUBLIC RELATIONS CONSENT

I AUTHORIZE THE USE OF PHOTOGRAPHIC, ELECTRONIC, AND BIOGRAPHICAL INFORMATION FOR THE PUBLIC MEDIA AS MAY BE DEEMED APPROPRIATE BY THE SEDONA WOMEN FOR EDUCATIONAL, FUNDRAISING, AND/OR OTHER PUBLIC RELATIONS PURPOSES.

Choose an item. Please select "Yes" if you consent to the above or "No" if you do not. Your preference will not affect your eligibility for a scholarship. Yes  No

### SIGNATURE OF APPLICANT

I certify that the information contained in this application is correct and complete. By signing below, I give permission for my college or school to release my transcript to The Sedona Women Scholarship Committee for the sole purpose of making scholarship award determinations. The information obtained on this application and provided by the college will not be shared with any other party or used for any other purpose.

Signature:

Date Signed:

**AWARDS FOR FALL 2024 WILL BE MADE IN SPRING 2024.**