



Name (First, Middle, Last):

Address:

City, State, Zip:

High School Graduation Year: _____

Major/Program of Study: _____

Student ID Number: _____

Degree Goal (circle one): Associate's Bachelor's Master's

Class Level (circle one):

Freshman Sophomore Junior Senior Graduate

Scholarship Submission Requirements:

1. Page 1 & 2 of this application.
2. An essay, at least one page in length and typed, that shares:
 - A background on you and your journey to return back to school.
 - How this scholarship's financial support will help you as a non-traditional student.
 - Any career or personal goals you would like to share.

***Applications that do not include an essay will not be considered.**

Application Deadline: October 25, 2024

Return to: Watertown Area Community Foundation | PO Box 116 | Watertown, SD 57201 or
email: assistant@watertowncommunityfoundation.org

Women & Giving Scholarship Overview

This scholarship is sponsored by the Women & Giving program at the Watertown Area Community Foundation.

Women & Giving helps area women and children overcome barriers, increase opportunities, and achieve their goals.

More than \$108,000 in Women & Giving scholarships have been awarded to non-traditional, female students attending Mount Marty University or Lake Area Technical College.

With this in mind, the scholarship committee members consider the challenges applicants have overcome to arrive back in school and the career and personal goals applicants are focused on when determining scholarship awards.

List your activities and community service, work experience, and any awards or accomplishments within the past two years. You may attach additional pages if necessary.

Activities (student organizations, hobbies, etc.) and Community Service

Name of Activity/Community Service	Length of Participation

Work Experience

Name of Employer	Hours Worked per Week	Dates Employed

Awards/Accomplishments

Description	Date

Provide the contact information of an academic advisor or supervisor at a current or recent employer. This person may be contacted by a scholarship committee member to provide additional information on your potential for future academic or career success.

Reference's Name:	
Phone:	Email:

Release of Information:

By submitting this application "I" authorize Mount Marty University/Lake Area Technical College to share its contents with scholarship committee members and/or scholarship providers. "I" understand scholarship awards are based on my enrollment as a full-time student at Mount Marty University/Lake Area Technical College and any break in enrollment may forfeit my award. "I" further understand that "I" must maintain the satisfactory progress requirements as stated in the student handbook. "I" authorize Mount Marty University/Lake Area Technical College/Watertown Area Community Foundation to provide news releases to print and electronic media.

Signature _____ Date _____