



Women of Color Foundation Retreat

Scholarship Application - Columbus
2010

Please note that hotel accommodations are not included.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Alternate Phone _____ Fax _____

Email _____

Organization (if applicable) _____

Are you currently a student _____ or adult learner _____

If a student, list school name, academic rank and major

Age Range (check one only):

13-18 19-24 25-30 31-36 37-42 43 & above

The purpose of the Women of Color Foundation scholarship program is to provide financial assistance to women in need. In a brief statement, please explain your need for assistance and how the Women of Color Foundation Conference would be beneficial.

Ethnicity (check all that apply):

African American _____ Caucasian _____ Hispanic/Latino _____ Asian _____
Native American _____ Pacific Islander _____ Other _____

Please submit a complete application. Incomplete applications will not be considered. Recipients will be notified by the scholarship committee. Thank you for your interest in the Women of Color Foundation.