



Women of Color Foundation Retreat Scholarship Application 2010

Please check the scholarship type for which you are applying (check one only):

- Full scholarship (Sunday & Monday)
- Sunday only scholarship
- Monday only scholarship

Please note 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 ___ White ___ Hispanic ___ Asian ___
American Indian ___ 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 Women of Color Foundation.