



Lea County Women's Network Scholarship Application

Lea County Women's Network is committed to the education and advancement of area women. Each year, LCWN selects two or more women attending Lea County colleges to receive scholarships. The annually renewable scholarships are awarded towards tuition and book costs. The program allows LCWN to assist local women in achieving their educational goals in the hope that they will assist other women as they achieve success.

Requirements:

- Applicants must
- 1) be female
 - 2) be a full-time student attending either the USW or NMJC
 - 3) maintain a 3.0 GPA
 - 4) attend one LCWN luncheon per semester
 - 5) be willing to have their face/name used in fundraising efforts

Recipients who violate any requirement may have their scholarship revoked.

Submission:

Completed applications including a letter of recommendation and one page essay must be mailed to:

LCWN

Attention: Scholarship Director

PO BOX 2242

Hobbs NM 88241

Deadline for submissions is: **November 15th for spring semesters** and
June 1st for fall semesters

Applications received after these deadlines *will not* be considered.

Questions:

Questions or additional concerns should be directed to the LCWN Scholarship Director, Joyce Hatley at 575-492-1717 or by email, jmwooley@yahoo.com.



Scholarship Application



PERSONAL INFORMATION

Name: _____
First Middle Last

Address: _____
Street City State Zip

Contact Information - Home#: _____
Work#: _____
Cell#: _____
Email address: _____

Date of Birth: _____ SSN#: _____

EDUCATIONAL INFORMATION

Check School Attending: _____ New Mexico Junior College _____ University of the Southwest

Circle Degree Sought: Associates / Bachelors in

Declared Major: _____

Cumulative GPA: _____ Completed Credits: _____

Number of credit hours you will take next semester: _____

Projected Graduation Date: _____

BACKGROUND INFORMATION

Do you have a relative that is a member of LCWN? _____
If so, who? _____

Have you participated in the LCWN Mentor Program? _____ If so, when? _____

How long have you lived in Lea County? _____

Have there been any interruptions in your studies? _____
If so, explain when and reason why: _____

Where will you reside after obtaining your degree?

Is there any other information you would like LCWN to consider (i.e. current job, outside interests, returning student, young children):

Please attach the following:

- (1) a one page essay explaining your educational goals and future plans
- (2) a letter of recommendation

By submitting this application, I agree that LCWN has the right to gather educational information from my college and/or university for verification purposes. I also agree that, if chosen, I will attend one LCWN luncheon per semester and allow LCWN to use my name, picture, and/or likeness to promote future scholarship fundraising efforts.

Applicant Signature: _____ Date: _____

- Checklist: Completed Application One page
 essay
 Letter Recommendation

FOR COLLEGE USE ONLY

Date Application Returned: _____

Scholarship Recommended: _____

Scholarship Not Recommended: _____

College Financial Aid Officer

Date

FOR LCWN USE ONLY:

Scholarship is AWARDED or DECLINED

LCWN President

Date

Scholarship Director _____

Date

Comments from LCWN President and/or Scholarship Director: