



## 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, 12 hours, attending either 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  
**April 15th 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 575-399-3303 or by email, [jmwooley@yahoo.com](mailto: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**

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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: