



**Massachusetts Coalition for Adult Education
2018 Ruth E. Derfler Memorial Scholarship Application**

DEADLINE EXTENDED TO MARCH 16, 2018

PLEASE NOTE:

- *Scholarship award has been increased to \$1,000 thanks to generous donors to the Ruth E. Derfler Memorial Scholarship Fund.*
- *Scholarship application must be completed by applicant.*
- *Incomplete applications may not be considered. Applicant should make sure all required materials are submitted, preferably together.*
- *Scholarship award will be given at NETWORK on FRIDAY, APRIL 6, 2018. IF SELECTED, THE STUDENT MUST BE ABLE TO ATTEND TO RECEIVE THE SCHOLARSHIP.*
- *For questions, please email mcaeawards@gmail.com*

APPLICANT'S PERSONAL INFORMATION

Your Name: _____

Your Street Address: _____

City: _____ Zip: _____

Home telephone number: _____

Cell phone number (if you have one): _____

Email address (if you have one): _____

APPLICANT'S ADULT BASIC EDUCATION EXPERIENCE

The Name of Your Adult Basic Education Program: _____

Program's Street Address: _____

City: _____ Zip: _____

Were you a: ___ HiSET or GED student

___ student in another high school credential program (ADP, EDP)

___ a student in a transition to college program

___ an ESOL student

____ other (Please describe: _____)

When did you enter this program? _____

When did you complete this program? _____

APPLICANT'S EDUCATIONAL PLAN

Your career goal:

Your field of study: _____

The name of the college, community college, university, or post secondary training program you will attend: **Please attach the letter of acceptance.**

When will your studies begin? Month _____ Year _____

What courses will you take?

FINANCIAL INFORMATION

What are your expected expenses for your upcoming semester:

- tuition and fees: \$ _____
- books and supplies: \$ _____
- transportation: \$ _____
- childcare: \$ _____

TOTAL \$ _____

What resources do you have to pay for these expenses:

- personal contribution from job earnings or savings \$ _____
 - family contributions \$ _____
 - financial aid: \$ _____
 - other scholarships: \$ _____
- TOTAL** \$ _____

If you plan to work during the year, describe your job.

RECOMMENDATIONS

- Please ask **2** staff members at your adult basic education program to each send a letter of recommendation for you to mcaeawards@gmail.com.

YOUR PERSONAL STATEMENT (500 WORDS)

- Please tell us about your personal and educational experiences, your involvement in your adult basic education program and in your community, and your plans for your future.
- Remember to discuss:
 - why you decided to continue your education
 - what educational goals you have achieved
 - how you have participated in your adult basic program and in your community
 - what challenges you have faced as you pursued your education
 - what your goals are for the future and how more education will help you achieve them

YOUR AGREEMENT

If I am awarded a Massachusetts Coalition for Adult Education Scholarship, I agree to inform the Massachusetts Coalition for Adult Education if I am unable to pursue my studies as I have described in this application. I understand that I may have to return the amount of the Scholarship to MCAE.

I understand that if I receive a scholarship, I must be present to accept it in person at the NETWORK Conference on Friday, April 6, 2018.

Your signature _____

Date: _____

IMPORTANT – PLEASE MAKE SURE YOUR APPLICATION IS COMPLETE AND SUBMITTED BY THE DEADLINE ON MARCH 16, 2018

1. **Sign your scholarship application.**
2. **Attach a copy of your letter of acceptance from the college, community college, university, or training program you plan to attend.**
3. **Attach your personal statement.**
4. **Email your completed application to mcaeawards@gmail.com by **March 16, 2018**. Incomplete applications may not be considered.**
5. **2 staff at your ABE program should send their references directly to MCAE at mcaeawards@gmail.com.**
6. **Please email any questions to mcaeawards@gmail.com.**