



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

**DEADLINE: MARCH 9, 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](mailto: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.

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### **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](mailto: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 9, 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](mailto:mcaeawards@gmail.com) by **March 9, 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](mailto:mcaeawards@gmail.com).**
6. **Please email any questions to [mcaeawards@gmail.com](mailto:mcaeawards@gmail.com).**