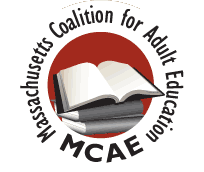
**Massachusetts Coalition for Adult Education**



**2024 Ruth E. Derfler Memorial Scholarship Application**

## DEADLINE: MARCH 18, 2024

**GENERAL Information**

* **Thanks to the generosity of donors to the Ruth E. Derfler Memorial Scholarship Fund, the 2024 scholarship award will be $1,500.**
* **Scholarship application must be completed by applicant.**
* **Incomplete applications may not be considered. Applicant should make sure all required materials are submitted, preferably together.**
* **All current and former adult education students who are applying to college or who are enrolled in college are eligible to apply.**

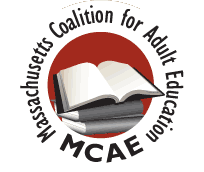
**IMPORTANT NOTE: THIS AWARD WILL BE PRESENTED AT AN IN-PERSON AWARDS LUNCHEON AT NETWORK ON WEDNESDAY, MAY 1, 2024. THE WINNING AWARDEE MUST BE AT THE PRESENTATION.**

**IMPORTANT – PLEASE MAKE SURE YOUR APPLICATION IS COMPLETE AND SUBMITTED BY THE DEADLINE ON MARCH 18, 2024**

1. **COMPLETE and 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.**
   * **Your personal statement.**
3. **EMAIL your completed application to** [mcaeawards@gmail.com](mailto:emckiernan@lowell.k12.ma.us) **by March 18, 2024. Incomplete applications may not be considered.**
4. **ASK 2 staff at your adult education program to write references for you and to email their references directly to** [mcaeawards@gmail.com](mailto:emckiernan@lowell.k12.ma.us) **by March 18, 2024.**
5. **We will confirm receipt of your scholarship form by email. If you do not receive a**

**confirmation or if you have any questions, please email** [mcaeawards@gmail.com](mailto:emckiernan@lowell.k12.ma.us).

**Massachusetts Coalition for Adult Education**



**2024 Ruth E. Derfler Memorial Scholarship Application**

## DEADLINE: MARCH 18, 2024

**YOUR Personal Information**

Your Name:

Your Street Address:

City:       Zip:

Home or cell phone:

Email address (if you have one):

**YOUR Adult Education Experience**

The Name of Your Adult Education Program:

Adult Education 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 the program you checked above?

When did you complete this program?

**YOUR Educational Plan**

Please describe your career goal:

What are you going to study?

What is 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?

**Recommendations FROM 2 STAFF PEOPLE**

* Please get individual letters of recommendation from **2** staff members at your adult education program and ask them to send their letter of recommendation for you to [mcaeawards@gmail.com](mailto:emckiernan@lowell.k12.ma.us).

**Your Personal Statement (no more than 500 words)**

* Please tell us about your personal and educational experiences, your involvement in your adult education program and in your community, and your plans for your future.
* In your statement, remember to discuss:
* why you decided to continue your education
* what educational goals you have achieved
* how you have participated in your adult 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 YOU RECEIVE THE SCHOLARSHIP**

If I receive the 2024 Ruth E. Derfler Memorial Scholarship, I agreeto let the Massachusetts Coalition for Adult Education (MCAE) know if I cannot follow the educational plan I described in my application. If that happens, I understand that I might be asked to return the scholarship money to MCAE.

If I am selected, I agree to attend the scholarship presentation at an in-person Awards Luncheon on Wednesday, May 1st at the NETWORK Conference at the Best Western Royal Plaza Hotel in Marlborough, MA.

I give MCAE permission to use my name, a photograph of me and my story in any way approved by the MCAE Board of Directors to promote MCAE, the Ruth E. Derfler Memorial Scholarship, or adult education.

I understand that MCAE might contact me in the future to see how the scholarship has helped me.

**Your signature:**

**Date:**