



The United Women of Rockland Scholarship

This scholarship award is open to graduating high school students who are residents of Rockland County, New York, and who have or had a mother with a devastating health diagnosis. Applicants must reside in Rockland County, New York, but do not need to attend a school in Rockland County, New York. Applicants must be a graduating senior in high school and plan to continue studies after graduation. The scholarship will be granted in one installment, paid directly to the applicant. There will be a total of 5 scholarships granted per calendar year. One scholarship will be granted per each of Rockland towns.

The 5 Towns are as follows:

Clarkstown
Haverstraw
Orangetown
Ramapo
Stony Point

The United Women of Rockland Scholarship award is an outright grant of \$2000.00 per recipient. Although recipients are under no obligation to make repayment, the organization hopes that, once graduated from college and engaged in a productive career, they will help honor the spirit of this scholarship to give a future student a similar financial opportunity. Students going to college or continuing education in a technical/trade school (auto mechanic, beautician, etc.) are encouraged to apply.

Applicants will be chosen without regard to gender or race. All scholarships will be chosen on a blind rubric scale.

*****Applications must be submitted no later than March 15, 2025*****

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Remember! Keep a copy of this application for your records.

How to Apply: You can either print or email your completed application to unitedwomenofrocklandinc@gmail.com or print out and mail to United Women of Rockland. Be sure to include ALL required attachments with your application except letters of recommendation.

Applications must be submitted as a single PDF if you are emailing the application.

Your complete application, including all attachments, may be sent via email to: Unitedwomenofrocklandinc@gmail.com

Letters may be either emailed or sent by mail to:
United Women of Rockland Inc. PO Box 105 Stony Point, NY 10980

Your application will be reviewed by a committee comprised of members of United Women of Rockland. Selections will be based on the application, which should include the applicant's story. Applicant must include how the illness affected them and why they chose the path of continuing education that they did.

Finalists will be contacted to schedule a phone interview. Please make sure to add a phone number where best to contact you with application. Students will be notified by email of any scholarship award by the end of May.

Application Requirements:

- **Essay One:** A typed, double-spaced essay which is no more than two pages long using 12-point Times New Roman font on the following:
Your story and your mother's story - the trajectory of your mother's illness and how it has impacted you.
- **Essay Two:** A typed, double-spaced essay which is no more than two pages long using 12-point Times New Roman font on the following:
Please explain the importance of how much this scholarship would help make a change for the better in your continued education.
- Two letters of reference from individuals other than family members. Recommendations from teachers or guidance counselors who can support your journey.
- Student and Parent/Guardian signature on the application where indicated.

APPLICATION

Name: _____ Town: _____

Gender: _____

Address: _____

Email: _____ Cell Phone: _____

Current School: _____ Graduation Date: _____

References:

It is the applicant's responsibility to ask references to submit a short letter to United Women of Rockland giving their opinion of the applicant's character, strengths/weaknesses, abilities and any other information that would help in the reviewing process.

Reference #1	Address	Phone
		Email

Reference #2	Address	Phone
		Email

Reference letters should be emailed to: Unitedwomenofrocklandinc@gmail.com

Certification and Permissions - Please Read and Sign

I hereby affirm that the information contained herein is true and correct. I hereby grant permission to the Rockland Community Foundation to verify such information and to release information to the donor of the United Women of Rockland Scholarship

I understand that receipt of this scholarship grant is contingent on continuing my education. Falsification of any information will result in the termination of my scholarship.

I understand that this is a one-time scholarship of \$2000.00 and will not be available in continuum.

I hereby grant and assign United Women of Rockland irrevocable and unrestricted right to use my biographical information, essay response, and my image to publicize my nomination and/or receipt of this scholarship award, and to promote the goals of the scholarship, for editorial, trade, advertising or any other purpose and in any manner and medium, including website and internet promotion.

I also consent to have a copy of my application and all supporting materials retained indefinitely.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____