



AWARD for CONTINUING EDUCATION

APPLICATION FOR 2009

1. PERSONAL INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: DAY (____) _____ EVE (____) _____

BEST TIME TO CONTACT YOU? _____

EMAIL ADDRESS: _____

How did you hear about this program? _____

2. EDUCATION (Give name of school and year(s) attended.)

HIGH SCHOOL/GED _____

CERTIFICATION PROGRAM _____

ASSOCIATE DEGREE _____

BACHELOR DEGREE _____

OTHER _____

3. REFERENCES (Give contact information for people who have agreed to speak on your behalf.)

A. *PERSONAL*: Name: _____ Phone: _____

Address: _____

B. *EDUCATIONAL*: Name: _____ Phone: _____

Address: _____

C. *EMPLOYMENT*: Name: _____ Phone: _____

Address: _____

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4. **EXPERIENCE** (List your experience in these areas with dates of employment/participation.)
A. Work Experience or Resume Attached

B. Community Involvement (Paid or Volunteer)

5. **GOAL ESSAY** This response should be 1 page, typed.

On a separate page, please explain:

- A. Your career goal, how you chose this goal, where you will be continuing your education, whether it will be full time or part time, and if you are working to obtain a degree or certification.
B. How achieving your career goal will allow you to positively impact other women.
C. What steps you plan to take in order to reach your goal, and how you intend to use this award if selected.
D. Amount you are requesting, up to \$2500.00

6. ATTESTATION

By signing this application, I affirm that all the information contained in this application is true to the best of my knowledge.

Signature _____ Date _____

ATTACHMENTS: Resume Transcript Goal Essay Other (up to 2 pages)

Please be sure name of applicant appears on each attachment.

RETURN your completed application and supporting documents to:

ATHENA Geneva ACE Committee
c/o Geneva Area Chamber of Commerce
P. O. Box 587
Geneva, NY 14456