

Dear Applicant:

Thank you for your interest in the Adult and Continuing Education Scholarship Fund. This scholarship fund, which is generously supported by the Helena Rubinstein Foundation, is the first such program at CUNY that is just for individuals enrolling in adult and continuing education programs. It is open to individuals who seek to advance their careers through learning and gaining new skills, and who do not have access to other sources of funding that can pay for tuition and fees. The courses for which scholarships are awarded may be in any field, and may be credit-bearing or non-credit. They may be single courses, or part of a certificate program that includes several courses.

Scholarship funds can cover tuition and fees for a course or program you intend to participate in, and will be paid directly to the CUNY college where you enroll. The scholarship can cover 50% of your tuition and fee costs, up to \$1000. If you have already begun a certificate program, and have paid for courses in that program out of your own pocket, tuition and fees already paid will be considered as part of your 50% match.

These scholarships are intended to support career advancement for individuals. While exceptions may be made, particularly for those educated in other countries, scholarship awards will generally not be given to those with more than 60 college credits and/or an associate degree.

If you are awarded a scholarship, payment will be made directly to the college where you enroll. Scholarships *will not* cover the costs of books, materials, equipment or other course-related expenses.

A complete application must include:

- A cover sheet signed by the Dean or Director of continuing education at the college where you plan to enroll
- An Adult and Continuing Education Scholarship Fund application form
- A personal essay of up to two pages
- A copy of a pay stub from your place of employment, dated within the past three months
- A letter of recommendation from a current or former work supervisor is not required, but may also be included with your application

2011-12 Deadlines:

Friday, August 26, 2011 — for fall 2011 courses

Friday, January 20, 2012 — for spring 2012 courses

Friday, May 18, 2012 — for summer 2012 courses

Please mail or email completed applications to:

Rachel Stephenson
Office of Academic Affairs
City University of New York
535 E. 80th Street, Room 717
New York, NY 10075
rachel.stephenson@mail.cuny.edu



Office of Adult and Continuing Education
CITY UNIVERSITY OF NEW YORK
Adult and Continuing Education Scholarship Fund

COVER PAGE

Name of applicant: _____

College: _____

I, _____, certify that this application has been reviewed by my office and that this applicant is deemed to be both financially in need of scholarship support, and to be seeking enrollment in a course that will support his or her career advancement.

Signature of Dean or Director of Continuing Education

Date



Office of Adult and Continuing Education
CITY UNIVERSITY OF NEW YORK
Adult and Continuing Education Scholarship Fund

APPLICANT INFORMATION

PLEASE TYPE OR PRINT IN INK

Date: _____

Last Name: _____ First Name: _____

Date of Birth: _____

Permanent home address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Gender: Male/ Female *(please circle selection)*

Ethnic Identity (optional): *(check all that apply)*

- Black/African American (Non-Hispanic)
- Hispanic/Latino
- White/Caucasian (Non-Hispanic)
- Native American or Alaskan Native
- Asian/Pacific Islander
- Other (please specify) _____

PROPOSED COURSE/PROGRAM

Course or Program Name: _____

Course Subject: _____

College offering course: _____

Description of course content: _____

If this course is part of a certificate program, have you previously enrolled in other courses within the certificate?

Yes/ No (please circle selection)

If you have previously enrolled in other courses within a certificate program, please list them below:

Proposed Course Start Date: _____

Tuition cost: _____ Cost of registration or other fees: _____

Scholarship amount requested (up to \$1000): \$ _____

Amount you propose to pay toward tuition and fees (this may include previous tuition for related courses): \$ _____

PRESENT EMPLOYMENT

Organization Name: _____

Organization Address: _____

City: _____ State: _____ Zip Code: _____

Current Job Title: _____

Work Address (if different): _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Work Fax: _____

Work E-mail: _____

Description of Duties: _____

EDUCATIONAL BACKGROUND

Do you have a High School Diploma? _____ If yes, year received? _____

Do you have a GED? _____ If yes, year received? _____

Please list in chronological order any training, colleges you attended or are currently attending:

Dates	College/Institution	Degree Granted (Or expected)	Academic Major	Total Credits Earned (if any)

Have you attended school outside of the United States? (If yes, please explain and provide school name, location, type of education, and dates attended)

PERSONAL ESSAY

Please attach a personal essay that answers the following questions:

1. Why are you in need of financial support in order to enroll in this course or program?
2. What are your academic and career goals?
3. How will the course or program in which you plan to enroll help you to advance in your current position?
4. How will the course or program in which you plan to enroll help you to achieve your career goals?

The personal essay should be no longer than two pages.

I CERTIFY THAT I have read and understood all instructions accompanying and have answered all questions truthfully and to the best of my knowledge. I understand that any misrepresentation or omission may be cause for rejection of my scholarship application.

Signed _____

Date _____

Adult and Continuing Education Scholarship Fund

INFORMATION RELEASE FORM

The purpose of the Family Educational Rights and Privacy Act (FERPA) is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of information contained in a student's university records. I understand that I have the right not to consent to the release of my educational records and I have the right to receive a copy of such records upon request.

Name of Student: _____
(Please Print)

Should I be awarded a scholarship, I, the undersigned, hereby authorize the City University of New York to release the following educational records and information to personnel of the Helena Rubinstein Foundation, 477 Madison Avenue, New York, NY 10022:

1. My name and demographic information contained in the application for the scholarship, such as my age, gender and ethnicity.
2. Information regarding the course to which my scholarship is applied, and confirmation that I enroll in and complete the course.

This information may be released for the purpose of providing information about scholarship recipients and continuing education coursework undertaken with support from the Foundation.

I understand that it will be necessary to send a written request to revoke this authorization.

Signed _____

Date _____