

Sudan-Reach Grant Application

NOTE TO APPLICANT: Please print and fill out this grant application to be considered for this opportunity.

To be eligible for a Sudan-Reach scholarship, applicants must plan to attend an accredited college or university as part-time or full-time students. Applications are evaluated on a rolling basis. **There is no deadline for this application.**

THIS IS AN APPLICATION FOR A GRANT FROM SUDAN-REACH TO COVER THE EXPENSES OF BOOKS AND SUPPLIES FOR ONE COLLEGE SEMESTER. ONLY SUDANESE WOMEN ARE ELIGIBLE FOR THIS SCHOLARSHIP.

PERSONAL INFORMATION

Name: _____
Last First Middle

Home Address: _____
(number/street)

(city/state/zip code)

Phone #: (____) _____ - _____ E-mail: _____

Date of Birth: ____ / ____ / ____ SS#: _____

ACADEMIC INFORMATION:

High School: _____

College: _____

Major: _____

Current Year: ____ Freshman ____ Sophomore ____ Junior ____ Senior

Cumulative Grade Point Average: _____ (High School)
 Cumulative Grade Point Average: _____ (College) *If applicable.*

Are you currently enrolled in a college or university? ____ Yes ____ No

If no, please respond to the section below:

Schools Applied To:

_____	Date Applied: ___/___/___
_____	Date Applied: ___/___/___
_____	Date Applied: ___/___/___
_____	Date Applied: ___/___/___

Planned Major: _____

VOLUNTEER ACTIVITIES:

List on/off campus extracurricular activities during high school, including any position held, such as President, Secretary, etc. Submit additional sheet if necessary, using this format.

Month/Year to Month/Year (most recent first)	Activity	Most Significant Contribution

WORK EXPERIENCE:

List employment during school and summer break. Submit additional sheet if necessary, using this format.

Month/Year to Month/Year (most recent first)	Place of Employment Name of Supervisor/Ph. No.	Job Duties/Hours Worked

HONORS AND SCHOLARSHIPS:

(If applicable)

Month/Year	Sponsor	Name of Award	Reason for Receipt of Award

FINANCIAL INFORMATION:

How do you plan to finance your education and living expenses?

Item	Estimated Cost	Savings	Grants	Scholarships	Family Support
Tuition/ Fees	\$	%	%	%	%
Books/ Supplies	\$	%	%	%	%
School Year Living Expenses	\$	%	%	%	%

Do you have any family/financial responsibilities that Sudan-Reach should consider when reviewing your application?

(If necessary, use additional sheet.)

Please list the name(s)/address(es) of at least two people who will forward mail to you.

Name _____

Address _____

Relationship _____

Please list the name(s)/address(es) of at least two references

1. Name _____

Address _____

Relationship _____

2. Name _____

Address _____

Relationship _____

Please tell us how a grant from Sudan-Reach would benefit you:

To the best of my knowledge, the information presented on this application is complete and true.

(Applicant's Signature) (Date)

Mail your complete application package to:
Loloa Ibrahim
Program Director
Sudan-Reach Women's Foundation
8 Hyde Park Avenue, 4A
Boston, MA 02130