



**DUE
DATE
6/11/10**

AWARD for CONTINUING EDUCATION

APPLICATION FOR 2010

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: _____

P. 2 APPLICATION FOR 2010 ATHENA GENEVA AWARD FOR CONTINUING EDUCATION

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.
D. How you intend to use this award if selected.

6. Amount you are requesting (up to \$2,500.00): _____

7. **ATTESTATION**

By signing this application, I affirm that all the information contained in this application is true to the best of my knowledge. If I am the recipient of the ACE, I understand that I will be required to give my Social Security number to the ATHENA ACE Association in order for them to prepare a 1099 form and that I will be responsible for any taxes due on the award. Further, I consent to the use of my name, photograph and personal information to be used in press releases about the ACE.

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 by **6/11/10** to:

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