 **WILI Award Criteria**

**Applicant name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please check boxes below to confirm you meet the criteria for a WILI Award

* **Low-income woman.** [For instance—family contribution assessed to be “0” on your school’s financial aid application.]
* **Grade point 3.0 or higher** [if funding is requested for higher education goal.]

1. If you have confirmed you meet the WILI Award criteria, respond to these questions:
2. Why is this award financially necessary for you?
3. What goal will you achieve with the $500 award?
4. How will you spend the award?

C. Please check boxes below to show you agree:

* I will be responsive to WILI donors by participating in evaluation and publicity. I agree to answer such questions as: How did you spend the money? What did you learn? How did your life change? Who else benefited by your experience of receiving a WILI Award?
* I agree to be contacted by a WILI Board Member or designated liaison.
* I understand that WILI does not make out checks to individual award recipients. If I am selected to receive an award, please make out the check to the following organization on my behalf:

**Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**& Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**