



WILI Award Criteria

Applicant name: _____

E-mail: _____ **Phone number:** _____

A. 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.]

B. If you have confirmed you meet the WILI Award criteria, respond to these questions:

1) Why is this award financially necessary for you?

2) What goal will you achieve with the \$500 award?

3) 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: _____