



# Minerva Scholarship Fund

Since 1991 providing scholarships for women living or working within the Peninsula School District

## **Applications for Academic Year 2025-2026 are due March 31, 2025**

### **Information**

The Minerva Scholarship Fund offers scholarships for the completion of degree programs and certifications to women whose formal education has been interrupted by at least one year and who currently live or work within the boundaries of Peninsula School District No. 401.

The Minerva Scholarship Fund, an endowment fund, was established in 1991 by American Association of University Women (AAUW) members Colonel Sybil Mercer, Colonel Florence Casey and Ruth Taylor. In recognition of the special difficulties faced by women returning to school, the founders wanted to encourage tax-deductible contributions in support of scholarships for Gig Harbor and Key Peninsula residents.

In addition to assistance with four-year and graduate degrees, Minerva assists women seeking vocational training at an accredited vocational school or community college, or an associate degree from a community college.

### **Qualifications:**

- Applicant must document that she currently lives or works within the boundaries of the Peninsula School District 401.
- Applicant must have had a minimum interruption in her education of at least one year and is intending to return to school to complete a degree or certification.

### **Application Requirements:**

- Verify that you are presently attending or have applied at an accredited educational institution. Enrollment may be full or part-time.
- Submit sealed transcripts from your college(s) coursework. High school transcripts are required from applicants who have been out of high school less than two years or who have fewer than 10 college level credits.
- Write a one-page personal statement to help the review committee better understand you or help set you apart from other applicants.
- Demonstrate your need for financial assistance to complete your education.
- Outline your plan of action and timeline for completion of your educational program.
- Request three letters of recommendation, two of the letters must be from people familiar with your academic competence or work experience.

### **Notification**

Applicants will be notified by June 1, 2025, of the disposition of their application. Scholarship funds will be paid directly to the financial aid office of the educational institution. Scholarship may be used for tuition, fees, books, supplies and related education expenses as deemed appropriate by the institution's financial aid office.

**Questions?** Contact Scholarship Chair at [MinervaGigHarbor@gmail.com](mailto:MinervaGigHarbor@gmail.com)



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## APPLICATION CHECK LIST:

- \_\_\_\_\_ 1. Complete the Scholarship Application Form. *Any section not completed may cause the application to be rejected.*
- \_\_\_\_\_ 2. Complete the Financial Work Sheet and Resource and Expense Summary Forms.
- \_\_\_\_\_ 3. Enclose, or have mailed directly to the Scholarship Committee, all appropriate high school, GED &/or College transcripts. These transcripts must be sealed. High school transcripts are required from applicants who have been out of high school less than two years or who have fewer than 10 college level credits.
- \_\_\_\_\_ 4. Arrange for three letters of recommendation, two from people who know your academic competence or work experience. These letters should be mailed directly to the Scholarship Committee by your references.
- \_\_\_\_\_ 5. Enclose a personal statement no longer than one page and in font size 12. It should be a comprehensive overview. This will help us understand who you are, what your goals are and how your plan could make them a reality.

Mail applications and transcripts to:

Minerva Scholarship Committee  
PO Box 2705  
Gig Harbor, WA 98335



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## Application form

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

STREET  
ADDRESS: \_\_\_\_\_

CITY, STATE,  
ZIP: \_\_\_\_\_

MAILING ADDRESS, if different from above

STREET  
ADDRESS: \_\_\_\_\_

CITY, STATE,  
ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_  
Home Cell Work

EMAIL ADDRESS: \_\_\_\_\_

To qualify, applicants to the Minerva Scholarship Fund must live or work within the Washington Peninsula School District #401. If you do not live in the District, but are employed within the boundaries of the District, please complete your employer information and address:

Employer: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_



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## Application Form (Continued)

**EDUCATIONAL BACKGROUND:** Attach additional pages if needed

High School(s) or GED: \_\_\_\_\_  
Name and Place

Dates Attended: \_\_\_\_\_ Graduation year \_\_\_\_\_

College/Vocational: \_\_\_\_\_  
Name and Place

Dates Attended: \_\_\_\_\_ Graduation year \_\_\_\_\_

College/Vocational: \_\_\_\_\_  
Name and Place

Dates Attended: \_\_\_\_\_ Graduation year \_\_\_\_\_

College/Vocational: \_\_\_\_\_  
Name and Place

Dates Attended: \_\_\_\_\_ Graduation year \_\_\_\_\_

College/Vocational: \_\_\_\_\_  
Name and Place

Dates Attended: \_\_\_\_\_ Graduation year \_\_\_\_\_

**Previous Degrees or Certificates earned:**

**Transcripts:** Attach official, sealed transcripts for each institution. High school transcripts are required from applicants who have been out of high school less than two years or who have fewer than 10 college level credits.



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## Application Form (Continued)

### EDUCATIONAL PLAN

What is your area of study?

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What accredited educational institution are you now enrolled in, or have applied to, in order to qualify for a Minerva Scholarship?

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Institution	Location
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What degree or certificate will you be working on during the 2025-2026 school year? When will you complete this goal?

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i.e.: Associate, BS, BA, MS, MA, PHD, etc.	Completion Date
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What will your grade level be when you begin the 2025-2026 term? Check one:

1<sup>st</sup> year (Freshman)  1<sup>st</sup> year of certificate

2<sup>nd</sup> year (Sophomore)  2<sup>nd</sup> year of certificate

3<sup>rd</sup> year (Junior)  3<sup>rd</sup> year of certificate

4<sup>th</sup> year (Senior)  Other: Specify:

5<sup>th</sup> year \_\_\_\_\_

1st year graduate/professional/masters

Continuing graduate/professional or beyond. Specify:

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## **Application Form (Continued)**

### **ACTION PLAN AND OBSTACLES**

What plan of action and timeline do you have for meeting your educational goals and completing your degree/certificate?

Assess the major obstacles that could prevent you from carrying out your plan.

How do you plan to address these obstacles?

How would you use any scholarship funds awarded to you?



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## **Application Form (Continued)**

### **WORK EXPERIENCE**

Give: full/part time, employer, type of work, responsibilities, dates of employment

Present:

Previous:

### **COMMUNITY ACTIVITIES**

Briefly explain community, school & professional activities

### **AWARDS, RECOGNITIONS AND ACHIEVEMENTS:**

### **PERSONAL HOBBIES, INTERESTS & ACTIVITIES:**



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## FINANCIAL WORKSHEET During the 2025-2026 academic period

### A. Average Monthly Income

(After tax income)

Earnings (self) \_\_\_\_\_

Earnings (other) \_\_\_\_\_

Social Security \_\_\_\_\_

Child Support/alimony \_\_\_\_\_

SNAP/ADC \_\_\_\_\_

Other Assistance \_\_\_\_\_

Military/vet benefits \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total monthly income** \_\_\_\_\_

### C. Average Monthly Living Expense

Rent/mortgage payment \_\_\_\_\_

Food/groceries \_\_\_\_\_

Utilities \_\_\_\_\_

Clothing \_\_\_\_\_

Phone/internet \_\_\_\_\_

Medical/dental Insurance \_\_\_\_\_

Medical/dental Payments \_\_\_\_\_

Auto payment/insurance \_\_\_\_\_

Auto expenses (gas, tolls, etc.) \_\_\_\_\_

Child/dependent care \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

**Total monthly living expense** \_\_\_\_\_

### B. Educational Support Resources

Loans \_\_\_\_\_

Grants \_\_\_\_\_

Scholarships \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

Subtotal of "B" \_\_\_\_\_

Divide subtotal "B" by # months in term

**Total Monthly Support** \_\_\_\_\_

### D. Anticipated Educational Expense

(Educational expenses per term)

Tuition \_\_\_\_\_

Books/supplies \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

Subtotal of "D" \_\_\_\_\_

Divided subtotal "D" by # months in term

**Total Monthly Educ. Expense** \_\_\_\_\_

**All financial and personal information will be kept confidential  
within the Minerva Scholarship Fund selection committee.**





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## RESOURCE AND EXPENSE SUMMARY FORM

The information on this page reflects income and expense totals from the previous Financial Worksheet. Calculate monthly amounts from annual or academic term expenses.

Total Average Monthly Income (from A) \_\_\_\_\_

Total Monthly Educational Support Resources (B) \_\_\_\_\_

**Total of all Monthly Resources** \_\_\_\_\_

Total Average Monthly Living Expense (from C) \_\_\_\_\_

Total Monthly Educational Expense (from D) \_\_\_\_\_

**Total of all Monthly Expenses** \_\_\_\_\_

**Marital status:** \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated

**Ages of dependent children:** \_\_\_\_\_ **Other dependents:** \_\_\_\_\_

**How would you be able to achieve your educational goals if a scholarship would be insufficient to bridge a gap between income and expense?**

**The information submitted to the Minerva Scholarship Fund is true and accurate to the best of my knowledge. I agree to notify Minerva in the event my educational progress is interrupted or I withdraw from the educational institution.**

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

**Applicant signature:** \_\_\_\_\_ **Date signed:** \_\_\_\_\_