Driven by Katie’s personal desire to create a legacy for the values she held close, the scholarship is intended to help young women develop leadership skills, break down stereotypes and realize their full potential by furthering their education.

- **Who may apply?** Female students residing in Sonoma County who are planning to enroll in an institution of higher learning with a course load of at least 9 units.

- **Eligibility Requirement:** Applicants are considered “re-entry” students based on a break of at least three years either since high school or previous college enrollment. Previous GPA of a minimum of 2.0.

- **An official transcript is required:** An official high school transcript that includes your graduation date must be attached to your application.

- **When will you know?** You will be notified no later than April 1st whether or not you have been selected for the Katie Duffy Scholarship. If chosen, you will be asked to agree to appear at the annual YWCA Sonoma County spring fundraiser to receive your award on stage and to have your name used in publicity.

- **How will recipients be selected?** Scholarships will be awarded based on a combination of factors including high school GPA, education and career goals and financial need.

- **Award Amount:** Scholarship amount is a total of $500. Half of the award or $250 will be presented to the recipient at the YWCA fundraiser in the Spring, the remaining 50% will be presented once the YWCA Sonoma County is in receipt of enrollment documents indicating the course load of the recipient.

- **Additional Information:** Please notify YWCA Sonoma County immediately if your address or contact information changes.

  - Keep a file of all scholarship correspondence including your application.
  - Make sure you sign and date your application.
  - If you have any questions, please contact Madeleine Keegan O’Connell, Chief Executive Officer, YWCA Sonoma County at (707) 303-8400.

---

**Hand Deliver**

your completed scholarship application by noon on March 1st to:

YWCA Sonoma County

ATTN: Madeleine Keegan O’Connell

Santa Rosa Administration Office

---

**Or Mail**

your completed scholarship application to:

YWCA Sonoma County

ATTN: Madeleine Keegan O’Connell

811 Third Street
Santa Rosa, CA 95404

*Your letter must be postmarked by The U.S. Postal Service by March 1st*
Katie Duffy Scholarship Application

Katie Duffy Memorial Educational Scholarship

This form may be filled out electronically. Simply place the cursor in the each field and type normally.

Name: ___________________________  ___________  ___________________________
FIRST  MI  LAST

Email Address: ___________________________

Address:
STREET NAME

CITY  STATE  ZIP

Major: ________________________________________________________________

Career Goal: __________________________________________________________

Expected Graduation/Transfer Date: _______________________________________

Overall GPA __________________       Number of units completed: ______________

1. Please write a statement detailing your educational and career goals along with any special circumstances (you may continue on page 3 if necessary).
2. Please list any campus or outside activities, organizations, or community services you are involved with related to your major.

3. Please list any High School and/or College awards and honors:

4. To assist in determining your financial need, please complete the following need analysis:

   Fill in estimated figures for the upcoming school year: (9 months)

   | Work:            | $__________ | Fees:               | $__________ |
   | Support from parents/others: | $__________ | Books:               | $__________ |
   | Loans:           | $__________ | Supplies:           | $__________ |
   | Scholarships:   | $__________ | Equipment:          | $__________ |
   | TANF:            | $__________ | Transportation:     | $__________ |
   | Other Assistance:| $__________ | Rent:               | $__________ |
   |                  | $__________ | Food:               | $__________ |
   |                  |              | Medical:            | $__________ |
   |                  |              | Other (specify):    | $__________ |
   |                  |              |                     |              |
   | TOTAL Income    | $__________ | TOTAL Expenses:     | $__________ |

   Number of dependent children: __________

   Ages of dependents: __________

I certify that the information I have provided on this application is true and complete to the best of my knowledge.

Signature: ___________________________ Date: _______________
Continuation of statement detailing your educational and career goals along with any special circumstances (page 1).