

Dedham Junior Women's Club Empowerment Grant

Thank you for applying to the Dedham Junior Women's Club Empowerment Grant. We hope that the women residents of Dedham who receive this grant are able to improve their skills, knowledge, and opportunities through educational endeavors. We support a wide range of learning platforms including college coursework, seminars, licensing, and certification courses. All monetary amounts are considered. We are able to offer a joint payment to the educational organization and the grant recipient only; we cannot provide funding for extraneous expenses such as transportation, books, or required uniforms.

Please complete the application and return it to:

Dedham Junior Women's Club Empowerment Grant
PO Box 1368
Dedham, MA 02027

Grants will be considered on a quarterly basis with review meetings held on or after the following dates:

January 1
April 1
July 1
October 1

Recipients will be notified following the meetings. Please plan ahead when submitting your application. If there are extenuating circumstances, we will consider a request to review of your application before the next scheduled meeting. We wish you success in all your educational pursuits.

Please email education@djwc.org if you have any questions or need any further information.

Dedham Junior Women's Club Empowerment Grant Application

Criteria: Resident of Dedham, identifying as a woman, seeking financial support to further her educational goals. Members of the Dedham Junior Women's Club are not eligible.

Name of applicant: _____ Date: _____

Home Address: _____ City: _____

Phone: _____

Email Address: _____

Present Employer: _____

Current Position: _____

Tell us about your connection to Dedham: _____

Names of program to which you have applied/are attending:

Have you applied? _____ If yes, expected date of program? _____

Have you been accepted yet? _____ If yes, where will program be held?

Have you made a decision about where to attend? _____

If yes, dates? _____

Expected Outcome: (ex: certificate, continuing education credits, licensing renewal, etc)

Name of Applicant: _____ Date: _____

Please tell us a little bit about yourself. Describe your background. How will this program help you? What is your motivation for attending this program? (Approximately 250 words)

Name of Applicant: _____ Date: _____

If you have been employed during the past four years, please provide the following information. Alternatively please provide information about your most recent employer(s).

Name of Employer	Dates of Employment	Nature of Work
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the name, address, and telephone number of, at least, two references and ask her or him to provide a letter of recommendation. The recommendation should highlight your ability to complete the program to which you have applied as well as the benefit you hope to achieve from the program.

Specific amount requested: \$ _____

Check made out to (check will be written jointly to applicant and educational program): _____

Address to mail check: _____

Date payment is required: _____

Thank you for your application. We will review your request when all documents have been received.

Please email education@djwc.org if you have any questions or need any further information.