



## WOMEN'S EMPOWERMENT COLLEGE/UNIVERSITY SCHOLARSHIP”

The Saba Charitable Foundation is pleased to announce the “College/University Scholarship” application submission cycle. This application is open to all female High School Seniors and College/University students who are currently attending a High School or a College/University in the United States. This Scholarship award is for one (1) academic year; however, students can reapply each year. The application must be completed and submitted by June 15 of each calendar year.

### ABOUT THE FOUNDATION

The Saba Charitable Foundation is a nonprofit organization with a mission to ensure that women and other marginalized individuals have the proper resources and support needed to thrive as strong and healthy community members, while affording them an opportunity to succeed as entrepreneurs and community leaders. We strive to uphold our mission by supporting impactful nonprofit organizations with a primary focus on women’s health and empowerment, children’s health and empowerment and other critical resources including emergency aid worldwide. Our Vision is that women, youth, and families have the support and vital resources they need to thrive in their communities so that they can one day become strong contributing members and leaders worldwide.

### ELIGIBILITY

- Applicant must be a graduating high school senior or College/University student applying for accredited post-secondary or vocational school in the year of the scholarship award.
- Applicant must show proof of enrollment prior to receiving award in an accredited post-secondary institution (2 Year College/4 Year University) or vocational school in the year of the scholarship award.
- GPA requirement of 3.0 or better
- Applications are open to all students regardless of race, ethnicity, religion, or U.S. Residency Status

### FUNDING

- The college scholarship awards will be dispersed in two equal segments, one for each semester. The scholarship payments are made directly to the Financial Aid Department of the designated school and are not transferable to other academic institutions. The scholarship will be shown on your College/University bill and reduce your tuition expenses first. Any amounts over those tuition expenses may be used to meet living expenses. The mission of the program is to increase retention and graduation rates.
- Funding will be awarded by August 1<sup>st</sup> or before fall classes commence upon providing official enrollment receipts.
- For renewable scholarships you will be awarded by August 1<sup>st</sup> or before fall class commence after demonstrating successful completion of previous year with minimum of two classes per semester/quarter and providing unofficial transcripts and fall enrollment receipts.
- Recipients will be notified by email and/or U.S. Mail.



## APPLICATION INSTRUCTIONS

1. Submit your application via email to [dora@SabaCharitableFoundation.org](mailto:dora@SabaCharitableFoundation.org);  
Subject line: **Scholarship Program**.
2. Or submit your typed and completed application packet with a dated U.S. Postal Service Mark by June 15 of the calendar year.
3. Complete all information on attached application. If not applicable, please write N/A. Failure to do so may result in elimination.
4. Write an essay (typed) that is a minimum of 600 words and a maximum of 1400 double or single spaced.
  - i. Please write a **short** autobiography including information about your family, work experience, community involvement, hobbies, spare time activities.  
**Answer the following questions in your essay:**
  - ii. Why do you want to go to college?
  - iii. What do you expect to gain from a college degree?
  - iv. What are your educational and long-term career goals?
  - v. Why do you need this scholarship?
  - vi. Please include any other comments you believe will be helpful in the committee's decision.
5. Include at least one letter of recommendation from a teacher, counselor, mentor, club advisor, employer, or community leader. Letters or recommendation must include contact information of the person writing the letter and relationship to the student applicant. For email applications, please ensure the document is a PDF.
6. Student applicants must agree to having a photo posted to the Saba Charitable Foundation website and all social media platforms.

## SUBMISSION INFORMATION

**Deadline: postmarked by June 15 of each calendar year via US Mail or via email by 11:59 PM**

Please mail the application to: Saba Charitable Foundation  
c/o Scholarship Program  
9465 Wilshire Blvd., Suite 300  
Beverly Hills, CA 91202

Email application to: [dora@SabaCharitableFoundation.org](mailto:dora@SabaCharitableFoundation.org)

Please provide detailed answers to the application questions and submit all required attachments. All information received from applicants will remain confidential. For any questions regarding this application, please email Dora Soldatenko, Saba Charitable Foundation Program Director at [dora@SabaCharitableFoundation.org](mailto:dora@SabaCharitableFoundation.org).



## COVER SHEET

I have enclosed the following materials.

*(Please note that incomplete applications will be ineligible for consideration.)*

- General Scholarship Application Cover Sheet
- Official high school transcript (grades, GPA, class rank, and SAT or ACT scores)
- Official college transcript (if you have taken any college courses)
- Letter of recommendation
- SAR (Student Aid Report)
- I have not yet received my SAR but will send it to you by \_\_\_\_\_ (date).
- Essay
- Cover letter (optional)
- Additional materials required for this scholarship (list below)

---

---

### APPLICANT INFORMATION

Full Legal Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Driver's License/ID #: \_\_\_\_\_ State: \_\_\_\_\_  Male  Female

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

Mobile Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

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



## EDUCATIONAL HISTORY

### HIGH SCHOOL

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

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

Phone: \_\_\_\_\_ Actual or expected date of graduation: \_\_\_\_\_  
MONTH / YEAR

Guidance Counselor's Name: \_\_\_\_\_

If you have attended more than one high school, please attach a separate piece of paper with the high school's name(s), address(es), dates you attended, and reason for leaving.

### COLLEGE

*(If you have not taken any college courses, leave this section blank.)*

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

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

Phone: \_\_\_\_\_ Actual or expected date of graduation: \_\_\_\_\_  
MONTH / YEAR

I am a  full-time  part-time college student.

Name of Academic Advisor: \_\_\_\_\_

If you have attended more than one college, please attach a separate piece of paper with the college name(s), address(es), dates you attended, and reason for leaving.



## EMPLOYMENT HISTORY

If you have worked regularly, please include it below. You may list the informal work that you have done such as a baby-sitter, chore-helper, or other similar type of work, but you do not need to provide the names of the families for whom you have worked. If you have a resume, you may attach it.

Name of Employer: \_\_\_\_\_

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

Type of work: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Average number of hours worked per week: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

Type of work: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Average number of hours worked per week: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

Type of work: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Average number of hours worked per week: \_\_\_\_\_

If you had additional employers, please attach the names of the employer(s), city, state, type of work, dates employed, and average number of hours worked per week on a separate sheet of paper.



## VOLUNTEER AND COMMUNITY SERVICE

Name of Organization: \_\_\_\_\_

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

Type of service: \_\_\_\_\_

Dates volunteered: from \_\_\_\_\_ to \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Average number of hours volunteered per week: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

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

Type of service: \_\_\_\_\_

Dates volunteered: from \_\_\_\_\_ to \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Average number of hours volunteered per week: \_\_\_\_\_

If you have had additional volunteer and community service, experiences, please attach a separate sheet of paper with the name of organization(s), city, state, type of service, dates you volunteered, and the average number of hours volunteered per week.

## EXTRACURRICULAR, SPORTS, AND OTHER ACTIVITIES

Briefly list the clubs, sports, and other activities in which you have been involved, and indicate any leadership positions held, awards, or accomplishments.

Activity	Positions, Awards, Accomplishments
1. _____	
2. _____	
3. _____	
4. _____	



## COLLEGE APPLICATIONS

If you are a graduating high school senior, list the name(s) of the college(s) you have applied to and the status of your application(s). If you are already in or have graduated from college, leave this section blank.

Colleges Applied To:

1. \_\_\_\_\_

Amount of financial aid offered by college: \$\_\_\_\_\_

Pending       Deferred       Denied       Accepted

2. \_\_\_\_\_

Amount of financial aid offered by college: \$\_\_\_\_\_

Pending       Deferred       Denied       Accepted

3. \_\_\_\_\_

Amount of financial aid offered by college: \$\_\_\_\_\_

Pending       Deferred       Denied       Accepted

4. \_\_\_\_\_

Amount of financial aid offered by college: \$\_\_\_\_\_

Pending       Deferred       Denied       Accepted

5. \_\_\_\_\_

Amount of financial aid offered by college: \$\_\_\_\_\_

Pending       Deferred       Denied       Accepted



**FIELD OF STUDY**

College Major(s): \_\_\_\_\_

Graduate School Major: (complete only if you are in or entering graduate school): \_\_\_\_\_

Future Career Goals: \_\_\_\_\_

Please list the name(s) of any other scholarship(s) that you have applied for and the status of your application(s).

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

Awarding Organization: \_\_\_\_\_

Amount applied for: \$ \_\_\_\_\_  Pending  Awarded \$ \_\_\_\_\_  Denied

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

Awarding Organization: \_\_\_\_\_

Amount applied for: \$ \_\_\_\_\_  Pending  Awarded \$ \_\_\_\_\_  Denied

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

Awarding Organization: \_\_\_\_\_

Amount applied for: \$ \_\_\_\_\_  Pending  Awarded \$ \_\_\_\_\_  Denied





## FAMILY INFORMATION

If you are an emancipated minor, head of household, or self-supporting adult, you may leave this section blank.

Mother or Guardian (if guardian, please indicate relationship to you, e.g., foster parent, aunt, grandmother, sibling, etc.)

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

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

\_\_\_\_\_

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

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

Father or Guardian (if guardian, please indicate relationship to you, e.g., foster parent, grandfather, uncle, sibling, etc.)

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

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

\_\_\_\_\_

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

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

Number of siblings: \_\_\_\_\_ Ages of siblings: \_\_\_\_\_

Number of siblings attending college in 2021/2022: \_\_\_\_\_

Other dependents living in your home, e.g. grandparent(s), relative(s), foster children, etc.:

Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Annual Family Household Income (Net/After taxes): \$ \_\_\_\_\_



## ADDITIONAL INFORMATION

Please use a separate sheet to briefly explain any personal or family circumstances or information that you would like the scholarship award committee to take into consideration when reviewing your application.

The undersigned hereby certifies that the information provided in this application is true to the best of our knowledge. Knowingly providing erroneous or misleading information will render this application ineligible for consideration.

---

Student Applicant Printed Name

---

Student Applicant Signature

Date

---

Parent/Guardian (if applicable) Printed Name

---

Parent/Guardian Signature

Date