

**eliminating racism**  
**empowering women**  
ywca

# **YWCA of the Niagara Frontier**

## **Munk/Human Memorial Trust Scholarship**

### **Application Form**

**Application Year:** 2026-2027

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### **Applicant Information**

**Name:** \_\_\_\_\_  
(Last) (First) (Middle Initial)

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_

**Primary Mailing Address:** \_\_\_\_\_  
(Number & Street) \_\_\_\_\_ Apt. No. \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Cell Telephone:** \_\_\_\_\_

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

**U.S. Citizen?**  Yes  No

If **No**, do you have a student visa or Green Card?  Yes  No

If **yes**, **type:** \_\_\_\_\_

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### **Educational Record**

**High School or GED Graduation Date:** \_\_\_\_\_

**Current College or trade school (or Acceptance Date):** \_\_\_\_\_

**Degree/Major:** \_\_\_\_\_

**Enrollment Status:**  Part-time  Full-time

**Total Credits Earned to Date:** \_\_\_\_\_

**Anticipated Graduation Date:** \_\_\_\_\_

**Other Institutions Previously Attended (include dates):**

\_\_\_\_\_

**Institution where you will be enrolled in the upcoming academic term:**

\_\_\_\_\_

\_\_\_\_\_

## **Employment and Income**

**Present Position:** \_\_\_\_\_ **Employer:**

\_\_\_\_\_

**Employment Status:**  Part-time  Full-time

**Work Telephone:** \_\_\_\_\_

**Total Family Income for Most Recent Tax Year:** \_\_\_\_\_

**Total Educational Debt Accumulated to Date:** \_\_\_\_\_

\_\_\_\_\_

## **Application Essay (250 words or less)**

Please submit a brief essay addressing the following topics. You may include any additional information you believe is pertinent.

1. Why is furthering your education important to you? What are your plans for using your education after graduation?
2. What are your personal and professional goals, and how will these goals benefit the community?
3. Why should you be selected to receive this scholarship? Please describe the qualities that make you a deserving candidate and any financial factors that should be considered.

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## Certification

I hereby certify that the information provided on this application, including any attachments, is true and accurate to the best of my knowledge.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## Publicity Release

The YWCA of the Niagara Frontier requests permission to announce the names of scholarship recipients in its official newsletter, other publications, and local media.

- Yes, you may release my name.  
 No, you may not release my name.

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## Submission Checklist

Please submit this completed application along with the following:

1. Copy of acceptance to a college/trade school **and/or** transcript from the preceding semester if currently enrolled;
2. Copy of the most recent federal tax return;
3. Personal essay (as described above).

**Application Deadline:** \_\_\_\_\_

Mail or deliver all materials to:

**YWCA of the Niagara Frontier**  
Scholarship Committee  
32 Cottage Street  
Lockport, NY 14094

For questions, please call **716-433-6714**.