Helena Rubinstein Continuing Education Scholarship Fund for Career Advancement

CHECKLIST

STEP 1: Eligibility Checklist (all boxes need to be checked before moving to Step 2)

☐ Seeking to advance career
☐ Does not hold an Associate or higher degree
☐ Does not have more than 60 college credits

STEP 2: Application Submission Checklist (all boxes checked before moving to Step 3)

☐ Certificate Program selected from list below OR any Single Course chosen from catalog
   Eligible Certificate Programs
   - Accounting & Computer Assisted Business
   - Home Health Aide
   - Emergency Room Technician
   - EKG Technician
   - EMT
   - Paralegal Studies
   - Patient Care Technician
   - Certified Nursing Assistant
   - Medical Office Assistant
   - Medical Office Biller
   - Phlebotomy Technician
   - Hemodialysis Technician

☐ Cover Page signed by applicant
☐ Completed Application
☐ 2 Personal Essays (Typed)
☐ Recent paystub or tax return or proof of receipt of unemployment insurance
☐ Letter of recommendation from a current or former work supervisor (not required)

STEP 3: Interview with Josephine Troia, Adviser, Professional and Workforce Development

☐ Email Josephine at gtroia@qcc.cuny.edu or call 718-281-5535 to schedule an appointment (bring this Checklist and all documents from Step 2).

QUEENSBOROUGH COMMUNITY COLLEGE
Dear Applicant:

Thank you for your interest in the Helena Rubinstein Continuing Education Scholarship Fund for Career Advancement. This scholarship fund was created through an endowment from the Helena Rubinstein Foundation in 2011 and is aimed at supporting students in continuing education programs. The Scholarship is open to individuals who seek to advance their careers through education and training, and who do not have access to other sources of funding that can pay for tuition and fees. Scholarship applicants may also be individuals who are unemployed or seeking a career change.

These scholarships are intended to support career advancement for individuals. While exceptions may be made, particularly for those educated in other countries, scholarship awards are not generally given to those who have earned more than 60 college credits and/or an associate or bachelor’s degree. Scholarships are paid directly to the college where the student is enrolled. The scholarship covers 90% of tuition costs. Scholarships do not cover the costs of books, materials, equipment or other course-related expenses.

The scholarship does not support degree program studies.

If you have questions about the scholarship or your certificate program, please consult your college's scholarship liaison.

The Scholarship:
- Covers up to 90% of tuition
- Is awarded for programs that prepare individuals for jobs where there are currently open positions
- Expires at the end of each CUNY financial year (June 30th, 2016)

All applicants are required to submit:
- A signed and completed application form, including essays
- A college application supplement completed by the college
- Verification of income, such as a recent paystub or most recent tax return or proof of receipt of unemployment insurance benefits
  - COVER OR BLACK OUT ALL SOCIAL SECURITY NUMBERS
- A letter of recommendation from a current or former work supervisor is not required, but may also be included with your application

The deadline to receive all items is Monday, January 4th, 2016. Any items received post-deadline will not be considered for review.

Students should submit completed applications to:
Josephine Troia (Tel: 718-281-5535; Email: gtroia@gcc.cuny.edu)
Office of Pre-College, Continuing Education and Workforce Development, Room L-118P
Queensborough Community College
Bayside, NY 11364-1497

124/2015
CITY UNIVERSITY OF NEW YORK Office of Continuing and Professional Education
Helena Rubinstein Continuing Education Scholarship Fund for Career Advancement

COVER PAGE

Name of applicant: ____________________________

College: ____________________________

Applicant’s Signature:

I, ____________________________, certify that I have read and understood all instructions accompanying this application and have answered all questions truthfully and to the best of my knowledge. I understand that any misrepresentation or omission may be cause for rejection of my scholarship application.

_____________________________  Date
Signature of Applicant

Dean or Director’s Signature:

I, ____________________________, certify that this application has been reviewed by my office and that this applicant is deemed to be both financially in need of scholarship support, and to be seeking enrollment in a course that will support his or her career advancement.

_____________________________  Date
Signature of Dean or Director of Continuing Education

Application Checklist:

<table>
<thead>
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<th>Item</th>
<th>Page</th>
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<tbody>
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<td>Cover Page</td>
<td>3</td>
</tr>
<tr>
<td>Application Form</td>
<td>Pages 4-6</td>
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<tr>
<td>Essays</td>
<td>7</td>
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<td>Information Release Form</td>
<td>8</td>
</tr>
<tr>
<td>College Application Supplement (completed by college)</td>
<td>9</td>
</tr>
<tr>
<td>Income Verification</td>
<td>Attachment</td>
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</tbody>
</table>

8/1/2015
APPLICATION

PLEASE TYPE OR PRINT LEGIBLE IN INK

CONTACT INFORMATION

Last Name: ___________________________ First Name: ___________________________

Permanent home address: _______________________________________________________ Apt #: ___________________________

City: ___________________________ State: _______ Zip Code: ___________________________

Home Phone: ___________________________ Cell Phone: ___________________________

Email address: ___________________________

PRESENT EMPLOYMENT

Are you currently employed? Circle one:   Yes / No

Organization Name: ___________________________

Organization Address: ___________________________

Current Job Title: ___________________________

Description of Duties: ___________________________

8/1/2015
**PREVIOUS EMPLOYMENT**

Please list employment related to the program you plan to attend:

<table>
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<tr>
<th>Dates</th>
<th>Employer</th>
<th>Job title</th>
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**EDUCATIONAL BACKGROUND**

What is your highest level of education? ____________________________

Name of College/University: ______________________________________

Dates of Attendance: ____________________________

Please list any other certificates or degrees you have achieved:

<table>
<thead>
<tr>
<th>Dates</th>
<th>College/Institution</th>
<th>Degree / Certificate</th>
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CONTINUING EDUCATION PROGRAM INFORMATION

College: ________________________________

Program: ________________________________

Does the program result in certification? Circle one: Yes / No

Certification(s) received upon completion: ________________________________

Does the program include an internship or other work experience? Circle one: Yes / No

Please list up to five courses for which you are requesting funding. For a certificate program, you are required to list each individual class in the program for which you will request a scholarship.

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Course Start Date</th>
<th>Tuition Cost</th>
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Costs of registration fees and exams:

Total tuition cost:

The Helena Rubinstein Scholarship will cover up to 90% of the total cost. Books and equipment fees are not included.

Have you previously enrolled in other courses within the certificate? Circle one: Yes/No

If so, please describe: ____________________________________________________________
PERSONAL ESSAYS

The essays are our primary means of getting to know you; please consider your responses carefully and provide as much detail as needed.

Please write two personal essays to answer the following questions:

ESSAY 1 (up to one page): Why are you in need of financial support in order to enroll in this course or program?

ESSAY 2 (up to one page): What are your academic and career goals? How will your requested course or program help you to achieve your career goals?

Each essay should be typed in 12 point font.
INCOME VERIFICATION

Total household income, 2014: ______________________

Are you being financially supported, or does anyone claim you as a dependent? Yes/No

Please Describe: ______________________

Do you have children or other dependents that you are supporting? Yes/No

Please Describe: ______________________

For verification for income provide documentation such as such as your most recent tax return. If you do not have a tax return, provide TANF/Cash assistance benefits; statement of Social Security or Disability benefits; or proof of receipt of unemployment insurance benefits. If you are being financially supported by someone, please provide their financial information if possible.

Cover or black out all social security numbers.

DEMOGRAPHICS

Date of Birth: ______________________

Gender, Circle one: Male / Female / Other / No Response

Ethnic Identity (optional): (check all that apply)

___ Black/African American (Non-Hispanic)
___ Hispanic/Latino
___ White/Caucasian (Non-Hispanic)
___ Native American or Alaskan Native
___ Asian/Pacific Islander
___ Other (please specify) ______________________

Are you a U.S. Citizen, U.S. National, or Resident Alien expecting citizenship by the date of award? Circle one: Yes / No

Are you a U.S. veteran? Circle one: Yes / No

8/1/2015
Helena Rubinstein Continuing Education Scholarship Fund for Career Advancement

Print Name: ________________________________

Dear Helena Rubinstein Scholarship Applicant,

The Scholarship releases demographic information to the Helena Rubinstein Foundation. In addition, we would like to describe scholarship awardees' experiences to future applicants. The optional forms below are for these purposes.

INFORMATION RELEASE FORM

The purpose of the Family Educational Rights and Privacy Act (FERPA) is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of information contained in a student's university records. I understand that I have the right not to consent to the release of my educational records and I have the right to receive a copy of such records upon request.

Should I be awarded a scholarship, I, the undersigned, hereby authorize the City University of New York to release the following educational records and information to personnel of the Helena Rubinstein Foundation, 477 Madison Avenue, New York, NY 10022:

1. My name and demographic information contained in the application for the scholarship, such as my age, gender and ethnicity.
2. Information regarding the course to which my scholarship is applied, and confirmation that I enroll in and complete the course.

This information may be released for the purpose of providing information about scholarship recipients and continuing education coursework undertaken with support from the Foundation.

I understand that it will be necessary to send a written request to revoke this authorization.

Signed: ________________________________ Date: ________________________________

PHOTOGRAPH AND QUOTATION RELEASE FORM

I, ________________________________, hereby give my consent and authorize the City University of New York, to take and disseminate my photograph and quotes and to release appropriate identifying information in marketing the Helena Rubinstein Continuing Education Scholarship Fund for Career Advancement. I understand that these materials and identifying information will be used to promote public awareness of this scholarship opportunity for prospective continuing education students.

Please check which options you are comfortable with in reference to the use of your photograph and quotes:

a) ________ the CUNY website on the Internet and other Internet advertising as appropriate ONLY (i.e. “a” and not “b”)
b) ________ print advertising, e.g. brochures, newspapers, magazines, newsletters ONLY (i.e. “b” and not “a”)
c) ________ I agree to both “a” and “b”

Signed: ________________________________ Date: ________________________________

8/1/2015
Office of Continuing Education and Workforce Programs
CITY UNIVERSITY OF NEW YORK
Helena Rubinstein Continuing Education Scholarship Fund for Career Advancement

COLLEGE APPLICATION SUPPLEMENT

This application supplement must be filled out by the college endorsing the named scholarship applicant. Preference in granting these scholarships will be given to programs that address specific labor-market demands and can provide information on employment outcomes for students in the targeted program.

Name of applicant: ____________________________

College: ____________________________

Program Name: ____________________________

Total program hours: ____________________________

How many students enrolled in this program during the last calendar year? ____________________________

How many students completed this program during the last calendar year? ____________________________

Approximately how many program graduates have found employment in a related field during the last calendar year?

Students found employment: ____________________________

Source of employment data: ____________________________

8/1/2015