

**Colorado Federation of Republican Women (CFRW)  
Betty Chronic Memorial Scholarship Fund Application**

The CFRW Memorial Scholarship is administered by CFRW in the following manner:

- A. The CFRW Betty Chronic Memorial Scholarship is administered by the voting members of the CFRW Executive Committee. The CFRW President appoints the Chairman.
- B. The criterion is established by the Scholarship Committee and is inscribed on the application.
- C. The Chairman is responsible for:
  - 1. Distribution and receipt of applications;
  - 2. Conducting meetings for application review;
  - 3. Reporting the recommendations to the President for notification by the President to the Executive Committee and recipient (s); and
  - 4. Keeping the names of the applicants confidential.
- D. CFRW does not discriminate on the basis of race, religion or national origin in the awarding of the CFRW Betty Chronic Memorial Scholarship.

The Criteria for the CFRW Betty Chronic Memorial Scholarship Applicants are as follows:

- 1. Must be at least 18 or older and a Registered Colorado Republican Woman.
- 2. Must be a full-time or part-time student.
- 3. Must demonstrate an involvement in the Republican Party and there must be an indication of continued involvement.
- 4. The National Accreditation Association must accredit the educational institution.
- 5. Not limited to a Colorado college/university (i.e. applicant can be attending an out-of-state college).

**Section A: Personal Information**

**Name:**

\_\_\_\_\_  
First Middle Last

**Permanent Address and Telephone Number:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

**Address During Academic Year (If Different From Above):**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

**Permanent Address and Telephone Number:**

( ) ( ) \_\_\_\_\_  
Telephone Number Cell Number Email Address

\_\_\_\_\_  
Date of Birth US Citizen? (Print Yes or No)

I verify that the information included in this application is true and accurate to the best of my knowledge and ability.

\_\_\_\_\_  
Signature Date

Attach a recent photograph to this application with a paper clip only. Do not glue, staple or tape. Verify that your name is marked on the back of your photo. The photograph should not be smaller than 2" x 2".

**Colorado Federation of Republican Women (CFRW)  
Betty Chronic Memorial Scholarship Fund Application**

**Section B: High School Information**

**High School Attended:**

\_\_\_\_\_  
Name of High School

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date of Graduation

\_\_\_\_\_  
Course of Study

\_\_\_\_\_  
Grade Point Average (GPA)

\_\_\_\_\_  
What is the grading scale? (i.e., 4.0)

**High School Achievements:**

*Please list these achievements below. If necessary, you may attach an additional sheet of paper to this page.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section C: Undergraduate Study**

*Complete this section if you are currently enrolled in an undergraduate program of study, have received your undergraduate degree or are enrolled in a post-graduate program of study.*

**College or University:**

\_\_\_\_\_  
Name of College or University

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Major

\_\_\_\_\_  
Minor

\_\_\_\_\_  
Undergraduate Grade Point Average (GPA)

\_\_\_\_\_  
What is the grading scale? (i.e., 4.0)

\_\_\_\_\_  
Expected Date of Graduation

**Colorado Federation of Republican Women (CFRW)  
Betty Chronic Memorial Scholarship Fund Application**

**Undergraduate Activities and Achievements:**

*Please list these achievements below. If necessary, you may attach an additional sheet of paper to this page.*

---

---

---

---

**Section C: Post Graduate Study**

*Complete this section if you are currently enrolled in a post graduate program of study as listed under program requirements.*

**College or University:**

Name of College or University

Street Address

City

State

Zip

Major

Minor

Post-Graduate Grade Point Average (GPA)

What is the grading scale? (i.e., 4.0)

Expected Date of Graduation

**Post Graduate Activities and Achievements:**

*Please list these achievements below. If necessary, you may attach an additional sheet of paper to this page.*

---

---

---

---

**Section E: Post Civic Activities, Interests and Hobbies**

*Please list these activities, interests and hobbies below. If necessary, you may attach an additional sheet of paper to this page.*

---

---

---

---

**Colorado Federation of Republican Women (CFRW)  
Betty Chronic Memorial Scholarship Fund Application**

**Employment History:**

*Begin with the most recent employer and work backwards chronologically. Please list all employers.*

**Employer 1:**

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Name of Supervisors ( ) Area Code and Telephone Number

\_\_\_\_\_  
Job Title Dates of Employment

**Employer 2:**

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Name of Supervisors ( ) Area Code and Telephone Number

\_\_\_\_\_  
Job Title Dates of Employment

**Employer 3:**

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Name of Supervisors ( ) Area Code and Telephone Number

\_\_\_\_\_  
Job Title Dates of Employment

**Colorado Federation of Republican Women (CFRW)  
Betty Chronic Memorial Scholarship Fund Application**

**Employer 4:**

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Name of Supervisors

(      )  
Area Code and Telephone Number

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Dates of Employment

*If necessary you may attach an additional sheet of paper to this page. Provide the same information as is requested above.*

**Section G: Financial Background**

\_\_\_\_\_  
SAVINGS (to be used for tuition)

\_\_\_\_\_  
DISPOSABLE INCOME (to be used for tuition)

\_\_\_\_\_  
OTHER FINANCIAL ASSISTANCE (from parents, friends, university or others)

\_\_\_\_\_  
ESTIMATED TUITION COSTS FOR THE ACADEMIC YEAR

(      )

\_\_\_\_\_  
AREA CODE AND TELEPHONE NUMBER at the college or university for verification of estimated tuition costs

**Section H: Deadline for return**

This application must be returned to CFRW by May 1, 2014.

Return to:

**Francie Sinton  
CFRW Scholarship Chairman  
1423 Balsam Avenue  
Boulder, CO 80304-3535**

*Please Note: All information in this application is considered confidential and shall be treated as such.*