

Womenoffshore.org

christine@womenoffshore.org

*Let’s Reduce the Gender Gap Together*

Great Lakes Maritime Academy

Northwestern Michigan College

1701 East Front Street

Traverse City, MI 49686

RE: Women Offshore’s Summer Sea Term Scholarship Information Request

The Women Offshore Foundation, is an online organization and resource center established to support a diverse workforce on the water. As a 501(c)(3), non-profit public charity, our mission is to propel women+ into meaningful careers through access to a worldwide community and professional development resources.

As part of our commitment to reducing barriers to women+, we award summer sea term scholarships based on an application process. As part of this process, we are assessing the education financial needs of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with a student identification number of \_\_\_\_\_\_\_\_\_\_\_\_\_.

To assist us in this effort, we ask that you provide the following information:

1. Is the student enrolled full-time in the USCG License program?  **Yes No**
2. Is the student in good academic standing according to the institution’s criteria? **Yes No**

|  | A | B | C | D | E | F |
| --- | --- | --- | --- | --- | --- | --- |
| 20\_/20\_ Academic Year | Applicable Tuition to Student | Room + Board Applicable to Student Sea Year | Additional Mandatory Academic Fees | Financial aid received (that can be applied to the Summer Sea Term) | Student Loans Received | Net Amount UnfundedF= (A+B+C) - (D+E) |
| Summer Sea Term  |  |  |  |  |  |  |

Certified by:

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

Printed Name Signature Title and Date

Student Release:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with student ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Great Lakes Maritime Academy to disclose and/or discuss my financial aid and academic records with the Women Offshore Foundation and its representatives.

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

Student’s Printed Name Signature Date