

TAKE YOUR NEXT STEP FORWARD!

AN EDUCATION/TRAINING AWARD In honor of Gini Craig, Founding Member

TO BE AWARDED TO A DESERVING WOMAN IN SAN DIEGO COUNTY NEEDING HELP IN ACHIEVING THE NEXT STEP FORWARD IN HER SUCCESS

Recipient may use the cash award of \$1500.00 to offset any costs associated with her efforts to attain undergraduate or associate level college education or vocational training including tuition, books, childcare and transportation.

The successful recipient will have overcome challenges such as poverty, violence, abuse or neglect.

Take your NEXT STEP FORWARD!



2025 Application Instructions

Applications are due by October 26. Award recipients will be notified by year end.

Applicants will be selected for awards. Applications can only be submitted once per year. Your application will be reviewed by a panel of judges, but all information will remain confidential and will not be shared without your permission.

Step 1: Determine if you are eligible. You are eligible if:

- You are a woman who has overcome challenges such as poverty, violence, abuse or neglect.
- You have financial need.
- You are enrolled in or have been accepted to a vocational/skills training program or an undergraduate or associate degree program.
- You are motivated to achieve your education and career goals.
- You reside within San Diego County and are a United States citizen. (a social security number is required; however, you will not be asked to share this information unless you have been given an award.)
- You do not have an advanced degree (Masters, Doctorate).
- You are not a Girlfriends Care member or employee and not an immediate family of either.

Step 2: Tell us about yourself

Fill out the award application. Your information will be kept confidential and shared only with the evaluators unless you give us written permission to use your story to publicize the program.

Finalists may be asked to meet, in person or by Zoom, with the scholarship committee prior to selection. Award recipients, by completing the application, agree to provide a photo and bio and may be asked to participate in a Girlfriends Care Meeting in person or by Zoom.

Step 3: Ask people to tell us about you

You will need two different people – who are not related to you – to fill out the reference forms you received with this application. It is recommended that you request references from people who know you from an educational, work or organizational setting. Please email the N-S-F Reference form to your references and request they email the forms back to you when completed. Only two references will be accepted. Please use the form and do not submit reference letters.

Step 4: Submit your application

Attach your application and two reference forms to an email and send to nextstepforward@girlfriendscare.org by October 26. Incomplete applications or applications received without reference forms will not be considered.

Questions:

Send an email to nextstepforward@girlfriendscare.org or check out the NEXT STEP FORWARD Frequently Asked Questions at http://girlfriendscare.org/next-step-forward-FAQ.

Ready to Apply?

Begin your application on the next page. We wish you the best of luck in achieving your NEXT STEP FORWARD in your educational and professional goals!



Application

APPLICANT	INFORMATION				
Full Name:					Date:
A.I.I	Last	First		M.I.	
Address:	Street Address				Apartment/Unit #
Phone:	City		Email	State	ZIP Code
Date of Birth:			Marital Status:		
Highest Level of education achieved:				Date Completed:	
Are you a ci	tizen of the United States?	YES	NO		
Are you working while you are studying?		YES	NO		
If working:	How many hours per week?				
	Where do you work?				
Number of I (don't include	Dependents you support: de yourself)				
Ages of Dep	endents:				
How are you	ur dependents related to you?				
EDUCATION	AL AND CAREER GOALS				
	name of the school or training p	-		or have been accept	red to?
	ou studying?				
When will y	ou complete your studies?				
What degre	e or certification do you expect t	o earn a	at that time?		



EDUCATIONAL AND CAREER GOALS (Continued)

In 300 words or less, please tell us about your career goals and give specifics about how your education and training supports these goals. (If you need more room, continue your answer on a separate piece of paper)



FINANCIAL INFORMATION

Award recipients are chosen in part based on financial need. Please share information about your annual income and expenses. Please be as exact as you can.

Please list your AN	NUAL househo	old income and savings (from the money you have left after	taxes) in i	the chart belov
Employment:	\$	per year	Government Assistance:	\$	per yea
Scholarships:	\$	per year	Social Security (U.S. Only)	\$	per yea
Child Support:	\$	per year	Loans:	\$	per yea
Alimony:	\$	per year	Savings:	\$	
Please list any add	itional income	e, including income othe	r household members receive.		
Source:				\$	per yea
Source:				\$	per yea
Source:				\$	per yea
Source:				\$	per yea
			TOTAL ANNUAL INCOME:		per yea
-				\$	· · ·
Expenses: Please list your AN	NUAI househo	old expenses in the chart	· below:		_
		old expenses in the chart per year	: below: Utilities:	\$	per yea
Please list your AN	NUAL househo	·		\$ \$	
Please list your AN Housing:	\$	per year	Utilities:		per yea
Please list your AN Housing: Food:	\$ \$	per year per year	Utilities: Medical:	\$	per yea
Please list your AN Housing: Food: Childcare: Tuition:	\$ \$ \$ \$	per year per year per year per year per year	Utilities: Medical: Transportation:	\$	per yea
Please list your AN Housing: Food: Childcare: Tuition:	\$ \$ \$ \$	per year per year per year per year per year	Utilities: Medical: Transportation: Books:	\$	per yea
Please list your AN Housing: Food: Childcare: Tuition: Please list any add	\$ \$ \$ \$	per year per year per year per year per year	Utilities: Medical: Transportation: Books:	\$ \$ \$	per yea per yea per yea per yea
Please list your AN Housing: Food: Childcare: Tuition: Please list any add Expense:	\$ \$ \$ \$	per year per year per year per year per year	Utilities: Medical: Transportation: Books:	\$ \$ \$	per yea per yea per yea per yea per yea
Please list your AN Housing: Food: Childcare: Tuition: Please list any add Expense: Expense:	\$ \$ \$ \$	per year per year per year per year per year	Utilities: Medical: Transportation: Books:	\$ \$ \$ \$	per yea



TELL US MORE ABOUT YOURSELF

The Girlfriends Care NEXT STEP FORWARD Award is all about helping women who have faced economic and personal hardships to overcome adversity, and who can achieve even more through training and/or education to build a better life for themselves and others. Do you think this award could help you take that NEXT STEP FORWARD in your success? In 750 words or less, tell us about the challenges you've faced and how you think this award could make the difference in your life. (If you need more room, continue your answer on a separate piece of paper)



TELL US MORE ABOUT YOURSELF (Continued)

HOW DID YOU HEAR ABOUT THE NEXT STEP FORWARD AWARD?

AGREEMENT

Please read the following information carefully. When you type your name below, you are agreeing to what you have read.

I certify that my answers are true and complete to the best of my knowledge. I will notify Girlfriends Care if there are any changes.

I certify that this is the only application I have made for this award this year – in any format to any address.

I understand that my application may be submitted electronically for evaluation.

I understand that my application becomes the property of Girlfriends Care. The application will be considered confidential unless the applicant grants Girlfriends Care written permission to release personal information for the purposes of publicizing the award.

By typing or signing below, you adhere to the above requirements:

Thank you for applying for the NEXT STEP FORWARD Award

Congratulations on all you have achieved so far!