



Lorraine Sparling Memorial Educational Fund

An academic/professional development opportunity for aspiring students and/or working women participating in the Gabriel Network programs and activities.

History

This Fund was established by Deacon Don and Paulette Sparling, longtime volunteers and supporters of Gabriel Network, in honor of Mrs. Lorraine Sparling. It provides **educational** and **professional development related financial assistance** to qualified applicants from within the Gabriel Network community of clients.

Purpose

Gabriel Network exists to provide **practical, emotional** and **spiritual support** to women and families facing crisis pregnancies. In an effort to assist motivated women in achieving their own educational or professional goals, and thereby better provide for themselves and their children, the Gabriel Network will award annual scholarships to qualified applicants.

Scholarship Awards

The Fund will provide for individual scholarships **of up to \$2,000 per year**. Awarded funds may be used to pay for tuition at a community college/university, professional development classes, certificate programs, or vocational training classes. Up to 25% of the requested scholarship money may be used for expenses related to enrolling in a class, such as transportation costs, child care, books, etc. (receipts may be required). The remaining funds will be paid directly to the educational institution/program.

Eligibility Requirements

The scholarship is open to pregnant women or mothers with young children who are *active participants in Gabriel Network's programs and activities* and who:

- demonstrate a need for financial assistance
- is a motivated self-starter, serious about completing her education or vocational training
- complete a scholarship application that includes:
 - a letter of recommendation from a Gabriel Network house director OR from a Gabriel Network church (letter may be from the church's pastor, Gabriel Network coordinator or a Gabriel Network Angel Friend)
 - a detailed plan of how the award will be spent
 - a budget that details both current and proposed monthly income and expenses
 - a letter of acceptance from the institution of study

Application Information

Applications are accepted on a rolling basis.

Completed applications will be reviewed by the Scholarship Committee as they are received, with responses given within 4-6 weeks.

Applications may be downloaded from our website at gabrielnetwork.org/get-help/sparling-scholarships. Please call 800-264-3565 ext.301 with any questions.

Lorraine Sparling Memorial Educational Fund Scholarship Application

Applications accepted on a rolling basis.

The Scholarship Committee will give a response to each request within 4-6 weeks of a complete application (including essays and letter of recommendation).

1. Legal Name

Last

First

MI

2. Home Address

Street Number and Name

City

State

Zip

Apt. #

3. Contact Information

Cell Phone

E-Mail Address

4. Marital Status

_____ Single _____ Married _____ Divorced _____ Widowed

5. Educational History

High School Graduate _____ Yes _____ No Name of high school _____

If "no", highest grade completed ___ 9th ___ 10th ___ 11th

Are you currently attending college/vocational school? ___ Yes ___ No

If "yes", name of school/program: _____

Area of study _____ Anticipated graduation date _____

6. Work Experience (A resume may be submitted in lieu of completing this section.)

Employer	Dates	Salary or Hourly Wage	Duties

7. Children/Dependents Please list the names of your children/dependents in the space below.

Child's/Dependent's Name	Date of Birth	Custodial Parent
		Yes No
		Yes No
		Yes No

8. Current Personal Monthly Budget

Item	Amount
Rent & Utilities	
Food	
Transportation	
Phone	
Miscellaneous (list in box on right)	
Total	

Miscellaneous Expenses	
Item	Amount
If additional space is needed, please use the back of this page.	

Monthly income from job: _____ Other income (explain): _____

9. Proposed Course of Study

Circle one:

GED	Prep Course	College/University	Conference	Certification
Vocational School	Seminar	Workshop	Refresher Course	Other (explain on the back of this page)

Course Name: _____

Description of Course: _____

Total length of program - in hours if possible (include both completed and not completed part of program) _____

Institution: _____ Website _____

Address: _____

Name of Contact: _____ Phone: _____

10. Proposed Educational Expenses

Amount of scholarship money you are requesting: _____ (up to \$2,000)

75% of the total amount you are requesting should be used for the cost of the program. The remaining 25% may be used for related expenses. Receipts may be requested.

Example: Total requested: \$1,200.
 Tuition/Lab Fee costs: \$800 (75% of \$1,200)
 Books: \$100 (remaining \$400 is 25% of \$1,200)
 Transportation: \$100
 Child Care: \$200

Item	Amount
Tuition/Lab Fees	
RELATED EXPENSES Up to 25% of total request	
Books	
Transportation	
Child Care	
Other (list in box on right)	
Total	

Other Related Expenses	
Item	Amount

Total cost of program- include both the money you are requesting now, and any other money you have spent or will spend to complete the program:

Amount of money already spent on this program_____

Amount of money I will still need if I receive this scholarship- this is the amount you will still owe AFTER you receive this money (if awarded the scholarship)_____

11. Please list any awards or important recognitions that you have received.

12. Please list community groups such as service, volunteer, or religious organizations in which you are active or have previously been active.

13. Personal Statements (Essays)

Please select two of the four topics and answer in essay form. Your essay should be composed thoughtfully, using between 250-500 words to answer each of the two questions you select. Please use a separate piece of paper for your responses.

Choose two topics:

- ✓ Explain how the Lorraine Sparling Memorial Educational Scholarship will make a difference in your life and the life of your family.
- ✓ Discuss your career plans/goals for the next five years, and what you need to accomplish in order to make your goals a reality.
- ✓ Describe the influence that Gabriel Network has had in your life.
- ✓ Using your own life experience, discuss the skills you believe are necessary to effectively handle the responsibilities of motherhood.

14. Application Check List

I have attached the following items with my application:

- _____ a letter of recommendation from a Gabriel Network house director OR from a Gabriel Network church (letter may be from the church’s pastor, Gabriel Network coordinator or a Gabriel Network Angel Friend)
- _____ a fully completed application
- _____ proof of acceptance from an institution of study
- _____ responses to two essay questions

I certify that my responses to the questions on this application are true and correct to the best of my knowledge. I will notify the Gabriel Network if my financial status changes. If awarded the Lorraine Sparling Educational Scholarship, I agree to write a note of gratitude to the Sparling Family.

Signature_____ Date _____

Application and attachments may be emailed to: office@gabrielnetwork.org
Please use “Sparling Scholarship Application” in subject line.

or mailed to: Gabriel Network
PO Box 2116
Bowie, MD 20718