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Anne-Marie Malcolm

Director of Membership Jill Hoder Indiana Soto



Dear Members of OWE-CSA,

The Organization for Women Empowerment of the Council of School Supervisors and Administrators (OWE-CSA) is a collective of proud women who are committed to advocating for, supporting, and empowering women. Our mission is to enable women to exercise their fundamental human right to equitable opportunities, ensuring they not only have a voice but also a rightful seat at the table.

OWE-CSA is excited to share our second Scholarship Dinner is scheduled for March 8, 2025, at Giando on the Water. This special event will be dedicated to celebrating the remarkable accomplishments of our young ladies and individuals identifying as females.

As a highlight of the evening, we are privileged to confer \$1,500.00 scholarships upon five outstanding female graduating seniors from the New York City Public High Schools, ensuring one deserving recipient from each borough. Join us in recognizing and supporting the bright futures of these exceptional individuals as we come together for an unforgettable evening of celebration and empowerment.

To be eligible for the OWE-CSA Scholarship Award "We Rise," candidates must meet the following criteria:

To be eligible for the OWE-CSA scholarship, candidates must meet the following criteria:

- Must be a female student *or* individuals identifying as females.
- Graduating from a New York City Public High School of a member of OWE-CSA or recommended by a member of OWE-CSA.
- The Student will be attending a 2 year or 4 year program in college within a year.
- This year's International Women's Day theme is "Accelerate Action" Please submit an essay comprising 500 words or a 2-3 minute video explaining some creative ways you use your skills, talents, or platform to inspire others to accelerate empowerment in the lives of your peers and/or community. This essay/video can be done in English or the student native language.

The completed application is due **Friday, January 31, 2025** and must include:

- Recommendation from the member of OWE-CSA
- Recommendation from the college advisor or guidance counselor.
- Person completing the recommendation (School Counselor, Administrator, etc..) is confirming the applicant meets the following criteria:

- Student is meeting or exceeding the academic standards set by the New York City Public Schools
- Student has submitted their college application
- Student will be attending a 2 year or 4 year program in college within a year
- College Letter of Acceptance (if received, if not received, evidence of college application submission)
- If submitting a scholarship Essay, please send it to this email: owecsascholarship@gmail.com
- If submitting a video, please send it here: https://drive.google.com/drive/folders/1awxawLQwubl3KWthSBQ6MVGRUfnM3HMu?usp=drive link

Please complete the application below and send it to owecsascholarship@gmail.com



OWE "We Rise" 2025 Scholarship Application

NOTE: Before completing this application, please check the eligibility below:

- Must be a female student *or* individuals identifying as females.
- Graduating from a New York City Public High School of a member of OWE-CSA or recommended by a member of OWE-CSA.
- The Student will be attending a 2 year or 4 year program in college within a year.
- This year's International Women's Day theme is "Accelerate Action" Please submit an essay comprising 500 words or a 2-3 minute video explaining some creative ways you use your skills, talents, or platform to inspire others to accelerate empowerment in the lives of your peers and/or community. This essay/video can be done in English or the student native language.

Student Personal Information:

1.	Full Name:
2.	Date of Birth:
3.	Full Address:
4.	Email Address:
5.	Phone Number:
6.	I am a feamle or I am an individual who identifies as a female
Acade	emic Information:
- NYC	C Public High School Name:
- High	School Address:
- Boro	ough of High School: B() M() SI() Brklyn() Q()
- Nam	ne of Principal:
- Is the	e principal a member of OWE-CSA?
- Expe	ected Graduation Date:
Recommender (must be a member of OWE-CSA):	
- Nan	ne of person recommending you:
	tion of the person recommending you
	e person recommending you a member of the Organization for Women Empowerment of CSA
(OW	VE-CSA)yes orno
- Ema	ail of person making the recommendation
- Pho	ne number of person making the recommendation

Intended College/University: - Name of intended college/university (if more than one, please list all and indicate if you have been accepted or are still waiting: 1. College/university: _____Accepted or _____Waiting. If accepted, are you planning to attend this college/university? ______If yes, when?_____ 2. College/university: _____Accepted or ____Waiting. If accepted, are you planning to attend this college/university? ______If yes, when?_____ 3. College/university 3: ______Accepted or ____Waiting. If accepted, are you planning to attend this college/university?______If yes, when?______ - Intended Major: _______ - Planned Enrollment Date: MM/YYYY

Extracurricular Activities:

(Please list your extracurricular activities, including clubs, sports, volunteer work, and any leadership roles. Use bullet points for clarity.)

Signature:

By signing below, I certify that all information provided in this application is true and complete to the best of my knowledge.

- Signature:

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- Recommendation from the member of OWE-CSA
- Person completing the recommendation (School Counselor, Administrator, etc..) is confirming the applicant meets the following criteria:
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Please send the completed application to owecsascholarship@gmail.com

Questions/concerns, please email: owecsascholarship@gmail.com