## SCHOLARSHIP APPLICATION

Women In Touch

A COMMUNITY SERVICE ORGANIZATION Post Office Box 4192 Montgomery, Alabama 36103-4192 www.womenintouchmontgomery.org

THIS SCHOLARSHIP AWARD IS BASED ON FINANCIAL NEED, COMMUNITY SERVICE, EXTRA CURRICULAR ACTIVITIES, AND GRADE POINT AVERAGE (GPA). STUDENTS MUST HAVE AT LEAST A 2.5 GPA TO QUALIFY. SINCE THE GPA MUST BE ESTABLISHED AT THE TIME OF APPLICATION, A TRANSCRIPT MUST BE ATTACHED TO THE APPLICATION. PLEASE REFER TO THE SCHOLARSHIP ANNOUNCEMENT ON OUR WEBSITE FOR FURTHER QUALIFYING INFORMATION.

PERSONAL INFORMATION				
NAME: DOB (Year only):				
Address:				
Street City/State Zip Code				
Telephone: Home ( ) Cell ( )				
E-Mail Address:				
STUDENT CLASSIFICATION				
High School Student (only)				
Name of High School:				
Current GPA**: Tentative Graduation Date:				
Have you been accepted at a University? ( ) Yes ( ) No				
(Note: You must have an acceptance letter from a university to qualify for this scholarship.)**				
If yes, name and address of University:				
Tentative enrollment type: ( ) Full Time ( ) Part Time Number of hours?				
College or Junior College Student (only)				
Name and Address of University where currently enrolled:				
Classification: ( ) Freshman ( ) Sophomore ( ) Junior ( ) Senior				
Enrollment type: () Full Time or () Part Time Number of hours enrolled:				
Tentative graduation date:				
Current GPA**:				
Major area of study:				
INCOME				
Employment:				
Are you currently employed? ( ) Yes ( ) No				
Employer's Name and Address:				
Telephone Number:				
Income: \$ ( ) Weekly ( ) Bi-weekly ( ) Monthly ( ) Yearly				

	FINANCIAL NEED/ASS	SISTANCE			
Do you plan to live on or of	f campus for this school year? (	( ) On ( ) Off			
Are you receiving or have been approved for a Scholarship or Grant? () Yes () No					
If yes, in what amount?		<u>`</u>			
() Scholarship \$	per ( ) quarter or ( per ( ) quarter or (	) semester			
() Grant \$	per ( ) quarter or (	) semester			
Please provide the name, ad	dress, and income of the person(	(s) whom you will depend on for financial			
	NOT a parent, please indicate the				
		• *			
NAME	ADDRESS	INCOME**			
(Please note whether income is weekly, bi-weekly, monthly or yearly.)					
	your immediate family enrolled				
( ) Yes ( ) No					
If so, please provide the following information regarding that person(s):					
Name?					
Relationship to you?					
University they attend?					
How are they classified?					
Tentative graduation date?					
Upon whom do they depend for financial assistance?					
(If additional space is required, this information may be provided on the back of this application or on					
a separate sheet of paper.)					
COMMUNITY SERVICE/EXTRA CURRICULAR ACTIVITIES					
On a separate sheet of paper, please answer the following essay questions:					
1. Describe the types of student organizations, community service activities, clubs and organizations					
	volved. Include any leadership				
		Fouriers			
2. Describe your career goa	ls and any special talent(s) you h	nave.			
		istance and why you feel you are the best			
candidate for this assistance					

REFERENCES				
Please provide the names, addresses, telephone numbers and relationships of three references (do not				
include family members).				
NAME & RELATIONSHIP	ADDRESS	TELEPHONE NUMBER		
AUTHORIZATION/CERTIFICATION				

I hereby authorize the High School/University/Junior College listed on this application to furnish verification of my GPA.

If I am selected for this scholarship, I hereby give Women In Touch permission to use my photograph on their website as a scholarship recipient.

I certify that all of the information provided by me on this form is true and complete to the best of my knowledge and belief. I understand that false statements on this application will disqualify me from receiving this scholarship/grant.

Date

Signature

## (THIS APPLICATION MUST BE POSTMARKED BY APRIL 30, 2019.)

<sup>\*\*</sup>Please attach your school transcript, your college acceptance letter (if applicable), and verification of income for the person(s) whom you depend on for financial support, i.e., pay stubs, earnings statement, W2 form, etc. THESE PERSONAL DOCUMENTS SHOULD BE REDACTED TO DELETE ALL SENSITIVE INFORMATION SUCH AS SOCIAL SECURITY NUMBER AND DATE OF BIRTH.