

WOMEN'S SERVICE LEAGUE SCHOLARSHIP INFORMATION
\$500.00

APPLICATION DEADLINE: April 4, 2019

RETURN FORM TO COUNSELOR WHEN COMPLETED

APPLICATION REQUIREMENTS:

- Applicant must be a current female high school graduate
- Applicant must be in the top 30 percent of her graduating class
- Application form must include two letters of recommendation
 - One letter must be from a teacher or administrator*
 - One letter must be from a person outside the school district who can address applicant's community involvement*
- Application must include attached essay
- Application must include official transcript

APPLICANT'S NAME **AGE** **DATE SUBMITTED**

ADDRESS **CITY**

HIGH SCHOOL **COUNSELOR'S NAME AND PHONE NUMBER**

COLLEGE THAT APPLICANT IS PLANNING TO ATTEND **COLLEGE I.D. NUMBER**

ADDRESS OF COLLEGE BUSINESS OFFICE **CITY** **STATE** **ZIP**

APPLICANT'S SIGNATURE

DATE SIGNED

PARENT / GUARDIAN SIGNATURE

DATE SIGNED

FINANCIAL STATEMENT

I, _____, hereby apply for this Women's Service League Scholarship. To be considered for this award, I understand that this form must be completed by both my parent/guardian and me.

APPLICANT'S NAME

NAME OF PERSON PROVIDING FINANCIAL SUPPORT

RELATIONSHIP TO APPLICANT

OCCUPATION

YEARS EMPLOYED AT THIS POSITION

SECOND PERSON PROVIDING FINANCIAL SUPPORT

RELATIONSHIP TO APPLICANT

OCCUPATION

YEARS EMPLOYED AT THIS POSITION

NAMES and AGES OF OTHER DEPENDENTS (18 or younger) IN FAMILY

LIST ANY UNUSUAL FINANCIAL CIRCUMSTANCES FOR WHICH THIS HOUSEHOLD IS RESPONSIBLE:

How many other family members will be enrolled in a post-secondary institution for the next school year? ____

Will applicant be receiving an A+ Scholarship from her high school? _____

Will applicant be receiving other scholarships or grants? _____

TOTAL GROSS FAMILY INCOME FOR PAST CALENDAR YEAR (as reported on most recent tax return)

____ Under \$30,000	____ \$45,000-\$60,000	____ \$80,000-\$150,000
____ \$30,000-\$45,000	____ \$60,000-\$80,000	____ Over \$150,000

TO BE FILLED OUT BY HIGH SCHOOL COUNSELING OFFICE:

Applicant's name _____

Class rank _____

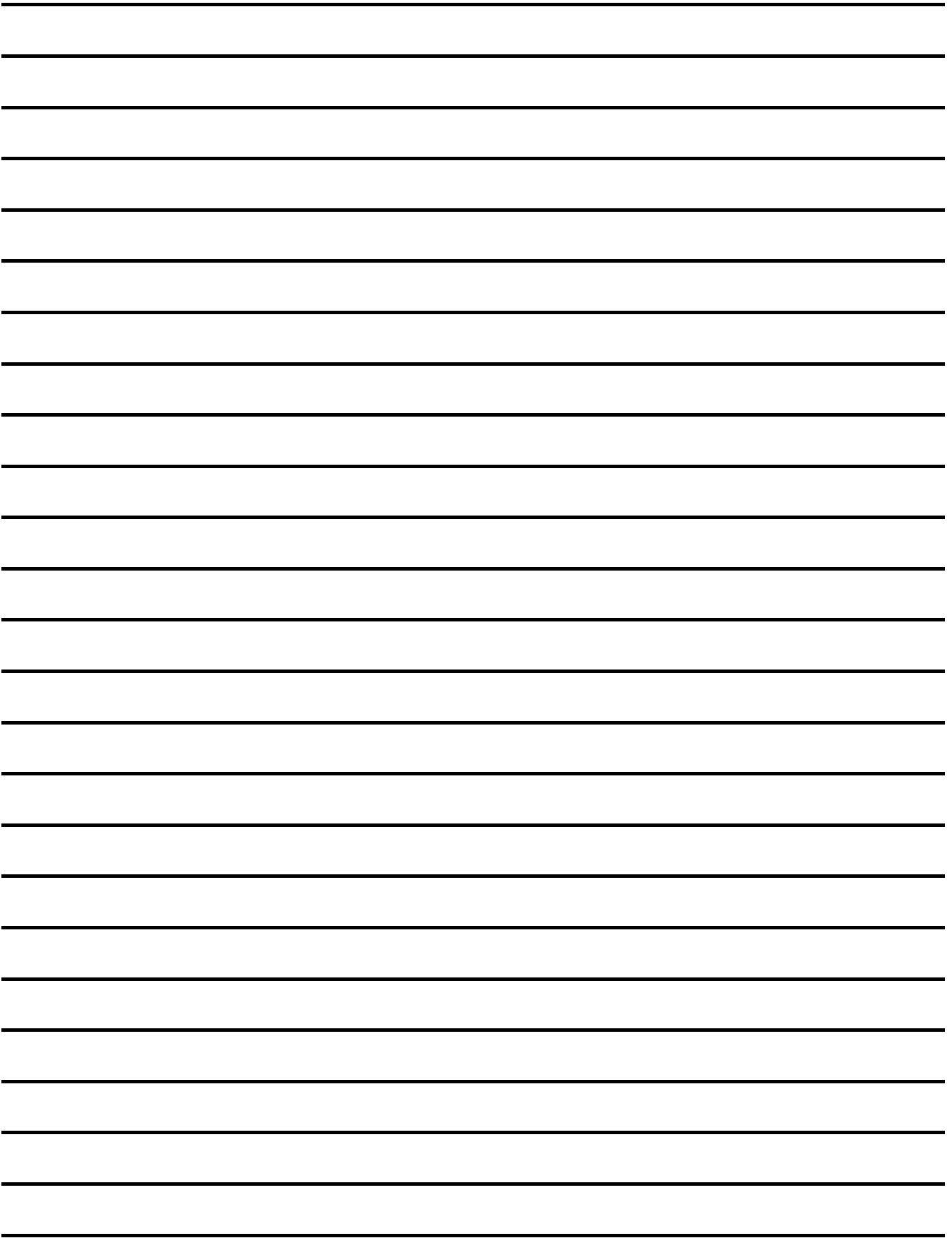
Number in senior class _____

GPA for 7 semesters _____

Standardized test scores:

SIGNATURE OF HIGH SCHOOL COUNSELOR

DATE



Please outline in list form your involvement in the following areas.

Volunteer / Service Experience

Achievements and Awards

Clubs and Activities (include offices held)

Work Experience (include average number of hours worked per week)