



ALTRUSA INTERNATIONAL OF SHEBOYGAN

SCHOLARSHIP APPLICATION FORM

Return completed form before April 15th to: Altrusa International of Sheboygan
Scholarship Committee
P.O. Box 546
Sheboygan WI 53082—0546

ELIGIBILITY CRITERIA

- Applicant must be a person who has had life experiences (work, children, military, etc.) *.
* is attending or re-entering a post-secondary school after spending time in the work force.
- Applicant must have successfully completed one semester of post-secondary courses.
- Applicant must have a minimum post-secondary grade point average of 3.0.
- Applicant must be a full or part-time student.
- Applicant must demonstrate financial need.

This scholarship is not open to high school graduates going directly to post-secondary school.

Name _____ Date _____

Address _____

E-mail Address _____ Phone number _____

High School Graduate Yes No Name of School _____

GED/HSED Graduate Yes No Current Cumulative GPA _____

PROGRAM INFORMATION

Name of post-secondary institution currently enrolled in _____

Please attach grade point information from previous or current college course work.

How many credits will you be enrolled in for: Fall _____ Spring _____ Summer _____

Will you be attending full time or Part-time?

Are you currently receiving financial aid, grants or scholarships? Yes No

Total amount of aid, grants, scholarships _____

EMPLOYMENT INFORMATION

Are you currently employed? ___ If yes, ___ full time or ___ part-time?

Name of employer#1_____

Address of employer_____

Does employer provide tuition reimbursement or scholarship opportunities for employees? ___ Yes ___ No

If yes, ___ fully ___ partially ___ other (explain)?_____

Name of employer #2_____

Address of employer_____

Does employer provide tuition reimbursement or scholarship opportunities for employees? ___ Yes ___ No

If yes ___ fully ___ partially ___ other (explain)?_____

CAREER GOALS

Describe your professional goals and your plan of action to reach them. If necessary, use an additional sheet.

COMMUNITY ACTIVITIES AND LIFE EXPERIENCES

Describe any special training or experience, academic honors, offices or leadership positions, volunteer work or extracurricular activities. If necessary use an additional sheet.

FINANCIAL NEED STATEMENT

I am currently classified as ___ employed part-time ___ employed full time.

Describe your financial need. Explain your method(s) for funding your education, including grants, savings, loans, scholarships and earnings. In the past two years, have you had any unusual expenses or changes in income due to a medical disability or unemployment? What are your family responsibilities? If necessary use an additional sheet.

Student must provide a two-part essay answering the following: 1.) Describe a challenge you have faced and explain how you dealt with it. 2.) Where do you see yourself in ten years? Your response is to be no more than one page.

By signing below, I hereby certify that the information in this document is true and complete to the best of my knowledge. I give consent to Altrusa to release any or all of the above information to its scholarship committee for purposes of evaluation in the scholarship selection process. I understand that I may revoke this consent for release of information at any time by declaration in writing.

Applicant Signature_____ Date_____

By signing below, I understand that if I am selected as a scholarship recipient, Altrusa may release my name, city and program of study for Altrusa promotions. I understand that I may revoke this consent for release of information at any time by declaration in writing.

Applicant Signature_____ Date_____