



## SCHOLARSHIP APPLICATION

### PERSONAL INFORMATION

NAME \_\_\_\_\_  
Last First MI

HOME ADDRESS \_\_\_\_\_  
NO/STREET CITY/TOWN  
\_\_\_\_\_  
STATE ZIP CODE

EMAIL ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

TRAINING OR EDUCATIONAL INSTITUTION  
\_\_\_\_\_

MAJOR FIELD OF STUDY \_\_\_\_\_

IS THIS A DEGREE PROGRAM? \_\_\_\_\_ TYPE \_\_\_\_\_

IS THIS FOR CERTIFICATION? \_\_\_\_\_ TYPE \_\_\_\_\_

ENROLLMENT DATE \_\_\_\_\_ EST. COMPLETION DATE \_\_\_\_\_

ENROLLMENT STATUS FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

ESTIMATED TOTAL COST FOR TUITION \$ \_\_\_\_\_

OTHER SCHOLARSHIPS, TUITION REIMBURSEMENTS \$ \_\_\_\_\_

# Education History

HIGH SCHOOL \_\_\_\_\_ DATE OF GRADUATION \_\_\_\_\_ GPA \_\_\_\_\_

COLLEGE \_\_\_\_\_ YEARS COMPLETED \_\_\_\_\_ DEGREE \_\_\_\_\_ GPA \_\_\_\_\_

POST BACCALAUREATE WORK \_\_\_\_\_

SCHOOL \_\_\_\_\_

DEGREE COMPLETED? \_\_\_\_\_

## DESCRIBE COMMUNITY INVOLVEMENT AND/OR EXTRA CURRICULAR ACTIVITIES

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## LIST ANY LEADERSHIP ROLES

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## HONORS/AWARDS

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## YOUR FINANCIAL NEED

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## PLEASE SHARE WITH US HOW YOU LEARNED OF THIS SCHOLARSHIP

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# Current Employment Information

PLEASE PROVIDE INFORMATION BELOW ALONG WITH A SEPARATE RESUME ATTACHED

CURRENT JOB TITLE \_\_\_\_\_ DATE OF EMPLOYMENT \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

WORK LOCATION \_\_\_\_\_  
NO. /STREET

\_\_\_\_\_  
CITY/TOWN

\_\_\_\_\_  
STATE ZIP CODE

\_\_\_\_\_  
TELEPHONE

EMPLOYMENT STATUS Full Time \_\_\_ Part Time \_\_\_ Temporary \_\_\_

DIRECT SUPERVISOR \_\_\_\_\_  
NAME TELEPHONE

JOB DESCRIPTION/  
DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*If you currently have more than one job, please copy this page and add the additional information to the application**

**For Completion Of This Application Please Include:**

**\*If enrolled in school, an official transcript from the school or past transcripts/school records**

**\*If not enrolled in school, a copy of a letter of acceptance into the program/school or other supporting documents as proof of enrollment**

**\* A reproducible head shot photograph for press releases attached to this application and electronically sent to [Tara@womens-journal.com](mailto:Tara@womens-journal.com)**

**Please email application packet by April 30, 2020 deadline to:**

**[Tara@womens-journal.com](mailto:Tara@womens-journal.com)**

**Please reach out with any questions to Tara Haley-330-338-1209 or Wayne County Women's Network President, Kathi Bond-330-466-0973**

**Wayne County Women's Network Scholarship Award Conditions/Agreement**

**My signature below attests that, if I am awarded a scholarship, I agree to the following:**

**I will provide proof of enrollment in the program (if not previously provided in this application) prior to any disbursement of funds**

**I am a Wayne County Resident.**

**I will attend the Wayne County Women's Network Athena Banquet in May 14<sup>th</sup> 2020 in Wooster, OH to accept the award.**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**