



This scholarship, according our mission statement, will be given in good faith to United States female citizens. If the courses paid for by this scholarship are dropped, any refund due will be payable to **Scholarship Opportunities for Success**, including refunds from colleges, universities, other institutions or organizations to which **Scholarship Opportunities** has paid the money. **Please return completed application with all required information.**

## Personal Information

First name, Middle Initial, and Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number to contact you (     ) \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

Alternate Contact \_\_\_\_\_

Phone Number (     ) \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Are you \_\_\_ Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Separated

Are you a United States Citizen? \_\_\_ Yes \_\_\_ No

Where did you learn about our scholarship? \_\_\_\_\_

## Financial Information

**List all Household Members** \_\_\_\_\_

**Ages of children living with you** \_\_\_\_\_

Are you employed? \_\_\_ Yes \_\_\_ No If no, state reason not employed \_\_\_\_\_

\_\_\_\_\_ If yes, name of employer \_\_\_\_\_

Hours worked per week \_\_\_\_\_ Salary per month \_\_\_\_\_ (Please **include copies of paycheck stubs for the last 2 months.**)

Do you receive any child support? \_\_\_ Yes \_\_\_ No If yes, amount per month \_\_\_\_\_

Do you receive any public support? \_\_\_ Yes \_\_\_ No If Yes, amount per month. \_\_\_\_\_

From what agency? \_\_\_\_\_

What are your total monthly expenses? \_\_\_\_\_

How do you pay for these and other living expenses? \_\_\_\_\_

Does any member of your household assist with these expenses? \_\_ Yes \_\_ No If yes, amount \_\_\_\_\_

## Education

Major field of study \_\_\_\_\_

What college will you/are you attending? \_\_\_\_\_ College ID# \_\_\_\_\_

How many hours have you taken? \_\_\_\_\_ How many more hours do you need to graduate? \_\_\_\_\_

Expected date of graduation? \_\_\_\_\_ Current GPA \_\_\_\_\_

What is the total amount of your current debt for education? \_\_\_\_\_

## Scholarship

Have you applied for any financial aid? If yes, please see and complete attached Financial Aid Certification Form

If you have not, go to <https://fafsa.ed.gov/> for instructions on applying for federal aid.

Have you been a past recipient of our scholarship? If yes, when? \_\_\_\_\_

Total amount of scholarship you are requesting? \_\_\_\_\_

### Intended use of Scholarship Funds:

Purpose	Payee	Requested Amount
Tuition		\$
Books		\$
Equipment (class related)		\$
Tuition Fees		\$
		\$

Signature of applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Updated 2/9/17