



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 ___

List all Household Members _____

Ages of children living with you _____

Financial Information

Are you employed:

No ___ If no, state reason not employed _____

Yes ___ 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: No ___ Yes ___ If yes, amount per month _____

Do you receive any public support: No ___ Yes ___ 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: No ___ Yes ___ 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

Where did you learn about our 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: No ___ Yes ___ 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 2/1/18