

# Woman's Life®

*A Trusted Fraternal Life Brand*

## Application for Scholarship Benefit Based on Financial Need

**Application must be returned by May 1**

### Instructions:

1. **All information on scholarship application must be completed and signed by the applicant.**
2. Please type or print clearly.
3. If answer is "non applicable" please use N/A.
4. Attach the following to the renewal application:
  - a) Proof of acceptance by and enrollment at an accredited college, university or vocational/technical school.
  - b) A 500-word essay of why you should be awarded this scholarship, stating your reasons for attending school, and what your long-term goals are.
  - c) State any unusual circumstances that you feel should be considered in the determination of your need for this scholarship (i.e., medical, other family members with education expenses, etc.)

***All information will be kept confidential***

### APPLICATION:

Name: \_\_\_\_\_  
Last First Middle

Permanent Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Extracurricular Activities, Sports, Church, and Community Involvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Address of the college and/or vocational/technical school you will be attending:

\_\_\_\_\_

Will you be attending full-time or part-time? \_\_\_\_\_

Course of Study: \_\_\_\_\_

Degree Sought: \_\_\_\_\_ Expected Date of Completion: \_\_\_\_\_

Estimated Tuition/Fees: \$ \_\_\_\_\_ When Must Payment be Made: \_\_\_\_\_

Estimated College Housing Cost: \$ \_\_\_\_\_

Date Semester/Course Begins: \_\_\_\_\_ Date Semester/Course Ends: \_\_\_\_\_

In order to evaluate your scholarship need more carefully, **THIS SECTION MUST BE COMPLETED.**

Are you currently employed: \_\_\_\_\_ If yes, \_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Position Currently Holding                      Wages/Salary                      Address

From this employment, what is your anticipated take home income over the next 12 months? \$ \_\_\_\_\_

How much of your income will go toward your education? \$ \_\_\_\_\_

What percentage of your income goes toward the payment of:

\_\_\_\_\_ % Rent/Housing    \_\_\_\_\_ % Utilities    \_\_\_\_\_ % Loans (car, etc.)    \_\_\_\_\_ % Other (please identify)

Will you be receiving assistance from any of the following?

☐ Spouse    ☐ Parents    ☐ Scholarship

If you answered yes to any of these, please complete the section below.

**Married Students (or single with dependents)**

No. of Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Name/Address of Spouse's Employer: \_\_\_\_\_

Wages/Salary \$ \_\_\_\_\_ How much of your spouse's income will go toward your education? \_\_\_\_\_

**Parental Information (must be completed if living with parents)**

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

Name/Address Father's Employer: \_\_\_\_\_

Name/Address Mother's Employer: \_\_\_\_\_

Father's Wages/Salary \$ \_\_\_\_\_ Mother's Wages/Salary \$ \_\_\_\_\_

Number of person(s) living in household: \_\_\_\_\_

How much of your parents' income will go toward your education? \_\_\_\_\_

**Scholarship Information**

Identify any scholarships and/or grants you will be receiving toward your education.

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_