

The Woman's Club of Loudoun Scholarship – 1 @ \$1,000

- Criteria: Graduating senior from Monroe Technology Center who plans to continue education
 Financial need
 FAFSA or SAR form required
 Minimum grade point average of 2.0
 Award will be paid directly to institution for tuition
 Application package must be turned into School Counselor at Monroe
- Selection: The Woman's Club of Loudoun, Inc.
- Deadline: April 4, 2018

THE WOMAN'S CLUB OF LOUDOUN SCHOLARSHIP

APPLICATION FORM

****Please complete in blue or black ink or type. Additional pages may be attached.**

****A transcript is available from your school counseling office and MUST BE ATTACHED to this application.**

Applicant's Full Name _____

Date of Birth _____ Phone _____

Parent(s) or Guardian(s) _____

Address _____

Accepted by (colleges or universities) _____

(To be filled in by counselor): Class Rank _____ GPA _____

Scholastic Honors _____

Extra-curricular Activities (include number of years and offices held)

Community Activities (include number of years and offices held)

PLEASE REPLY TO THE FOLLOWING QUESTIONS IN ESSAY FORM. USE THE OTHER SIDE OF THIS SHEET IF NECESSARY.

Describe your planned course of studies and educational goals; tell why you have selected this field.

Explain why you need and will benefit from this scholarship.

FINANCIAL STATEMENT

I. Student Employment (Includes full or part-time during the last two years):

Employer	Type of Work	Employed From-To	Weekly Earnings
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Amount you have saved toward higher education _____

II. Family Income

Occupation	Annual Income
Father _____	_____
Mother _____	_____
*Other _____	_____
Total Family Income _____	

*Specify by source, such as Social Security, Veteran's benefits, income of other family members, or investment income.

III. Estimated Expenses for one school year:

Tuition and Fees _____	Transportation _____
Room and board _____	Clothing _____
Books and supplies _____	Laundry _____
Medical, incl. insurance _____	Other _____
Total Estimated Expenses _____	

IV. Expected Financial Resources (per year):

From Family _____	From Other Scholarships _____
From Earnings _____	From Contributions _____
*From Other Sources _____	Total Expected Resources _____

*Specify by source, such as trust funds, insurance, etc.

V. Other Dependents in Family:

Name	Age	If student, name of school
_____	_____	_____
_____	_____	_____
_____	_____	_____

I/We declare the information in this application and financial statement to be true and accurate, to the best of my/our knowledge.

Signature of Student

Signature of Parent(s) or Guardian(s)

I authorize the release of transcript to the Scholarship Committee so that he/she may be considered for this scholarship.

Signature of Student

Date

Signature of Parent if student is Under 18 years of age

Date