

The Woman's Club of Loudoun Scholarship – 1 @ \$1,500

- Criteria: A graduating senior enrolled at the Academies of Loudoun who plans to continue their education at a technical school, in an apprenticeship program, at a community college, or at a four-year college.
Financial need
FAFSA or SAR form required
Minimum grade point average of 3.0
Award will be paid directly to institution for tuition
Application package must be submitted to Ms.Trudel in the Student Services Office at the Academies of Loudoun (Michelle.Trudel@lcps.org)
- Selection: The Woman's Club of Loudoun, Inc.
- Deadline: April 3, 2024

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 your career goals. Explain why you have selected this field.

Explain why you need this scholarship and how you will benefit.

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. 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.

IV. 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