

Amarillo Women's Network Scholarship Application

Attach photo here
(if available)

Return to: Scholarship Coordinator
Amarillo Women's Network
P.O. Box 1661
Amarillo, TX 79105-1661

PERSONAL INFORMATION

Name of Applicant _____
Last First Middle Place of work

Current Address _____
PO Box or Street City State Zip Code

County in which you live _____ E-mail address: _____

Phone Number _____ Date of Birth _____
Area Code Number Mo. Day Year

Father/Guardian _____
Name Address if different from applicant Occupation

Mother/Guardian _____
Name Address if different from applicant Occupation

Spouse _____
Name Place of work Occupation

List the household residents and their ages (including any adults/children who may be the responsibility of the parents)

How many household residents will be enrolled in college next year? _____

ACADEMIC INFORMATION *An official copy of high school or college transcript or equivalent must be attached.*

Name of High School Attended _____ City State

Graduation Year _____ GPA/Scale _____/_____ Rank/Class Size _____/_____

SAT Test Score _____ ACT Standard Score _____

If tests have not been taken, explain other admission criteria for program of choice _____

Name of college if currently attending _____ Classification _____ City State

Last Date Attended _____ Hours Completed _____ Cumulative GPA _____

Anticipated Major or Field of Study _____ College/University you plan to attend _____

Have you applied for admission to this college/university? Yes No Accepted? Yes No

Do you intend to be _____Part-time (less than 12 hours) _____Full-time (12 hours or more)

Have you applied for Federal Financial Aid? Yes No

Do you plan to work while attending college/university? Yes No If yes, approximate hours/week_____

EMPLOYMENT HISTORY

List employment history, beginning with the present.

Employer	Position	From month/year

SERVICE INFORMATION

Using the space below, please list your most important community activities and school related extracurricular activities:

Activities	Number of years	Level of involvement (i.e. Officer, member)

Special recognition, awards, and honors	Number of years	Group or activity sponsoring the award

ASSURANCES

I affirm that the information contained in this scholarship application is correct to the best of my knowledge. I understand that the scholarship screening committee will review this information and that all information will remain confidential.

Student Signature

Date