Amarillo Women’s Network
Scholarship Application

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

Revised 1/10/08
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.

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<tr>
<th>Employer</th>
<th>Position</th>
<th>From month/year</th>
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**SERVICE INFORMATION**
Using the space below, please list your most important community activities and school related extracurricular activities:

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<th>Activities</th>
<th>Number of years</th>
<th>Level of involvement (i.e. Officer, member)</th>
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<th>Special recognition, awards, and honors</th>
<th>Number of years</th>
<th>Group or activity sponsoring the award</th>
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**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

Revised 1/10/08