

CWA MEMORIAL SCHOLARSHIP

PRESENTED BY THE

COMMUNITY WOMEN'S ASSOCIATION

Instructions for completing application:

1. Applicant must be a female resident of the Taylorville or the Morrisonville school district.
2. Applicant must have financial need and at least a 2.5 GPA.
3. Application must be completed by applicant.
4. Please type or print clearly.
5. Attach the following to the completed application:
 - a. two (2) character reference letters
 - b. an official transcript of courses completed
 - c. a biographical statement, including family information, educational background, activities, financial need and future plans
6. Send the completed application with attachments to:

**Scholarship Committee
Community Women's Association
c/o Eldonna Herzberger
301 Black Hills Drive
Taylorville, IL 62568**

DEADLINE: Application and all required attachments must be received no later than Friday, March 17, 2017.

PERSONAL INFORMATION

Applicant's Name _____

Permanent Address _____

Phone(s) Home _____ Cell _____

City, State, Zip _____

Age _____ Marital Status _____ Number of Dependents _____

Are you currently employed? Yes _____ No _____

Name of current or last employer (if any) _____

Position _____ Salary/Wages \$ _____

SOURCE AND AMOUNT OF FUNDS AVAILABLE FOR SEMESTER IN WHICH SCHOLARSHIP IS REQUESTED

Parents \$ _____ Own Income \$ _____

Other Scholarships \$ _____ Other Income \$ _____
(i.e. husband, relatives, etc.)

Savings \$ _____

IDENTIFICATION OF INDIVIDUAL(S) PROVIDING ASSISTANCE

Name of Parent(s), Guardian(s) and/or Husband _____

Relationship _____

Street Address _____

City, State, Zip _____

EMPLOYMENT AND POSITION OF

Father _____

Mother _____

Husband _____

Guardian/Relative _____

EDUCATIONAL INSTITUTION APPLICANT NOW ATTENDS

Institution's Name _____

City, State _____

Major/Minor or Type of Training _____

Grade Average _____

Academic Classification (check one):

_____ High School Senior

_____ College Senior

_____ College Freshman

_____ Graduate Student

_____ College Sophomore

_____ Other (please specify)

_____ College Junior _____

EDUCATIONAL INSTITUTION IN WHICH ENROLLMENT IS DESIRED

Institution's Name _____

City, State _____

Course of Study _____

Degree Sought _____ Expected Date of Completion _____

Amount of Tuition/Fees Per Semester \$ _____

Date Payment Must be Made _____ Date Term Begins _____

NOTE: PLEASE BE SURE ALL REQUIRED ATTACHMENTS ARE INCLUDED BEFORE SUBMITTING APPLICATION.