**SCHOLARSHIP APPLICATION**

**Return by MARCH 2, 2026 to:** [**awcscholarship@alamowomensclub.org**](mailto:awcscholarship@alamowomensclub.org)

**ELIGIBILITY: \_\_\_Single Parent \_\_\_ Emancipated Foster Youth \_\_\_High School Senior**

**FULL NAME: DATE OF BIRTH:**

**EMAIL: PHONE:**

**HOME ADDRESS:**

**Street:**

**City: State: Zip Code:**

**MAILING ADDRESS, IF DIFFERENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOOL CURRENTLY ATTENDING:**

**EXPECTED DATE OF GRADUATION OR COMPLETION OF PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **EDUCATIONAL / VOCATIONAL PLANS, INCLUDING SCHOOL AND MAJOR, IF KNOWN:**

1. **DESCRIBE YOUR STRENGTHS:**

1. **LIST SPECIAL ACCOMPLISHMENTS:**

1. **DESCRIBE COMMUNITY INVOLVEMENT:**

1. **HOW WILL THE AWC SCHOLARSHIP AWARD FURTHER YOUR EDUCATIONAL GOALS?**

1. **HOW WILL YOU SPECIFICALLY USE THE FUNDS?**
2. **HAVE YOU RECEIVED THE AWC SCHOLARSHIP BEFORE: \_\_\_\_\_\_\_\_ WHEN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **LIST OTHER SCHOLARSHIPS FOR WHICH YOU HAVE APPLIED FOR NEXT YEAR:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |

1. **LIST OTHER SCHOLARSHIPS WHICH YOU HAVE ALREADY RECEIVED FOR NEXT YEAR:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **SCHOLARSHIP** | **$ AMOUNT** |  | **SCHOLARSHIP** | **$ AMOUNT** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **MONTHLY FINANCIAL INCOME:**

|  |  |
| --- | --- |
| **SOURCE** | **$ AMOUNT** |
| **PARENTAL** |  |
| **EMPLOYMENT (PLEASE DESCRIBE)** |  |
| **GOVERNMENT ASSISTANCE** |  |
| **SCHOLARSHIP (PLEASE DESCRIBE)** |  |
| **OTHER (PLEASE DESCRIBE)** |  |
| **TOTAL** |  |

1. **MONTHLY FINANCIAL EXPENSE:**

|  |  |
| --- | --- |
| **CATEGORY** | **$ AMOUNT** |
| **HOUSING (RENT)** |  |
| **TRANSPORTATION** |  |
| **CHILD CARE** |  |
| **GROCERIES/FOOD** |  |
| **OTHER (PLEASE DESCRIBE)** |  |
| **TOTAL** |  |

1. **CHILDREN OR DEPENDENTS:**

|  |  |
| --- | --- |
| **NUMBER:** | **AGE(S):** |
|  |  |

1. **NAMES OF THOSE WHO WROTE YOUR LETTERS OF RECOMMENDATION:**

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Position and Organization** |
|  |  |  |
|  |  |  |

1. **Type / Print Name:**

**I attest that this application and the accompanying documents are true and correct to the best of my knowledge.**

**Signature: Date:**

1. **Please check that you have included the following with your application. Failure to receive any of this information may result in disqualification.**

|  |  |  |
| --- | --- | --- |
|  |  | **Checkmark with solid fill** |
|  | **Personal essay as outlined in the attached *Mission Statement and Criteria*.**  **Please include your name and phone number in the upper left-hand cornerof every page of your essay.** |  |
|  | **Current transcript** |  |
|  | **Two (2) letters of recommendation as noted in the instructions for AWC Scholarship Letters of Recommendation** |  |
|  | **Media and Photo Release form signed and dated** |  |
|  | **Application signed, dated and submitted with all the items listed above, by March 2, 2026 to:** [**awcscholarship@alamowomensclub.org**](mailto:awcscholarship@alamowomensclub.org) |  |