

## **SCHOLARSHIP APPLICATION**

Return by MARCH 2, 2026 to: <a href="mailto:awcscholarship@alamowomensclub.org">awcscholarship@alamowomensclub.org</a>

ELI	IGIBILITY:	Single Parent	Emancipated Foster Youth	High School Senior
FU	LL NAME:		DATE OF BIRTH:	
EM	AIL:		PHONE:	
но	ME ADDRESS:			
Str	eet:			
Cit	y:		_State:	Zip Code:
MA	ILING ADDRES	S, IF DIFFERENT:		
			IDI ETION OF DROCDAM.	
			IPLETION OF PROGRAM:INCLUDING SCHOOL AND MAJOR, IF	
2.		JR STRENGTHS:		
3.	LIST SPECIAL	ACCOMPLISHMENTS:		
4		MUNITY INVOLVEMENT		
4.		MMONITY INVOLVEMENT		
5.	HOW WILL TH	E AWC SCHOLARSHIP AV	WARD FURTHER YOUR EDUCATIONAL	L GOALS?
6.	HOW WILL YO	II SPECIFICALLY USE TH	E FUNDS?	
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1.		2.		3.				
4.		5.		6.				
LIST OTHER SCHOLARSHIPS WHICH YOU HAVE ALREADY RECEIVED FOR NEXT YEAR:								
	SCHOLARSHIP	\$ AMOUNT		SCHOL	ARSHIP	\$ AMOU		
1.			2.					
3.			4.					
	LY FINANCIAL INCOME	!: 			<u> </u>			
SOURC					\$ AMOU	INT		
PAREN								
	YMENT (PLEASE DESCRIE	E)						
	NMENT ASSISTANCE	-						
SCHOLARSHIP (PLEASE DESCRIBE)								
		SE)						
OTHER	(PLEASE DESCRIBE)	se)						
		se)						
OTHER TOTAL MONTH	(PLEASE DESCRIBE)  LY FINANCIAL EXPENS				\$ AMOU	NT.		
OTHER TOTAL MONTH CATEG	(PLEASE DESCRIBE)  LY FINANCIAL EXPENS  ORY				\$ AMOU	NT		
OTHER TOTAL MONTH CATEG	(PLEASE DESCRIBE)  LY FINANCIAL EXPENS  ORY  NG (RENT)				\$ AMOU	NT		
OTHER TOTAL MONTH CATEG HOUSII	(PLEASE DESCRIBE)  LY FINANCIAL EXPENS  ORY  NG (RENT)  PORTATION				\$ AMOU	INT		
OTHER TOTAL MONTH CATEG HOUSIN	(PLEASE DESCRIBE)  LY FINANCIAL EXPENS  ORY  NG (RENT)  PORTATION  CARE				\$ AMOU	INT		
OTHER TOTAL MONTH CATEG HOUSII TRANSI CHILD	(PLEASE DESCRIBE)  LY FINANCIAL EXPENS  ORY  NG (RENT)  PORTATION  CARE  RIES/FOOD				\$ AMOU	NT		
OTHER TOTAL MONTH CATEG HOUSII TRANSI CHILD	(PLEASE DESCRIBE)  LY FINANCIAL EXPENS  ORY  NG (RENT)  PORTATION  CARE				\$ AMOU	NT		
OTHER TOTAL  MONTH CATEG HOUSII TRANSI CHILD GROCE	(PLEASE DESCRIBE)  LY FINANCIAL EXPENS  ORY  NG (RENT)  PORTATION  CARE  RIES/FOOD				\$ AMOU	INT		
OTHER TOTAL  MONTH CATEG HOUSII TRANSI CHILD GROCE OTHER TOTAL	(PLEASE DESCRIBE)  LY FINANCIAL EXPENS  ORY  NG (RENT)  PORTATION  CARE  RIES/FOOD				\$ AMOU	NT		
OTHER TOTAL  MONTH CATEG HOUSII TRANSI CHILD GROCE OTHER TOTAL	(PLEASE DESCRIBE)  LY FINANCIAL EXPENS ORY  NG (RENT)  PORTATION  CARE  RIES/FOOD  (PLEASE DESCRIBE)  EN OR DEPENDENTS:	E:			\$ AMOU	NT		
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OTHER TOTAL  MONTH CATEG HOUSII TRANSI CHILD G GROCE OTHER TOTAL  CHILDR NUMBI	(PLEASE DESCRIBE)  LY FINANCIAL EXPENS ORY NG (RENT) PORTATION CARE RIES/FOOD (PLEASE DESCRIBE)  EN OR DEPENDENTS: ER: AGE(S	E: ):				NT		



4.	Type / Print Name:	
	I attest that this app	plication and the accompanying documents are true and correct to the best of my knowledge.
	Signature:	Date:
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15. Please check that you have included the following with your application. Failure to receive any of this information may result in disqualification.

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