ARTHUR WOMAN'S CLUB EDUCATION SCHOLARSHIP APPLICATION

Please print legibly:			
NAME:			
First	Middle Initial	Last	
MAILING ADDRESS:			
Street Address or PO Box	City	State	Zip Code
TELEPHONE NUMBER: ()_			
The Arthur Woman's Club awards scho Hammond High School who will be con of higher learning.		_	
	IMPORTANT!		
A MINIMUM OF 12 CRE institute of higher learni proof of enrollment in A M to Arthur Woman's Clul scholarship will be forfe	ng before receiving th INIMUM OF 12 CREDI o as directed below by	eir monetary a T HOURS is not August 31, 20	ward. If t provided 24, the
I understand that if I am a recipient of t proof of enrollment in <u>A MINIMUM OF</u> receiving the monetary award. Proof of Club Treasurer , 619 W. Parkview , Arth award .	12 CREDIT HOURS of approferrollment must be submi	priate academic co tted to: Teri Malin,	urses before Arthur Woman's
I agree to inform the Arthur Woman's 0 217-962-0984; Email: sandysmith52365 number.			•
I verify that the information in this app	lication is true and accurate.		
Signature of Applicant		Date Submitte	ed

Please return completed application to the Arthur Lovington Atwood Hammond High School Guidance Counselor's office **no later than Monday, April 8, 2024**.

- USE ONLY THE SPACE PROVIDED BELOW
- PLEASE <u>DO NOT ATTACH</u> ADDITIONAL PAGES, TRANSCRIPTS, PROOF OF ENROLLMENT, ACCEPTANCE LETTERS, ETC. TO THIS APPLICATION (PROOF OF ENROLLMENT WILL BE REQUIRED AT A LATER DATE)
- EXTRA PAGES WILL AUTOMATICALLY DISQUALIFY THE APPLICATION

Personal Data: What college/university do you plan to attend?				
What is your intended major? _				
Briefly state your goal and reason for continuing your education:				
Explain the financial need for this	scholarship:			
Describe other financial assistance you have been awarded:				
School Record:				
Current GPA:	Class Rank:	Class Size:		
Briefly list school and community	activities, awards, honors, orga	anizations, clubs, etc.:		
Discuss why you should be awarded the Arthur Woman's Club Education Scholarship:				