



Quota Club of Alliance, Inc.  
Alliance, Ohio 44601

### Quota Club of Alliance Memorial Scholarship

Quota is an international service organization of executive, business and professional women who have joined together to help serve the needs of the area. Its primary purpose is to assist persons with hearing and speech impairments. Also included is service to youth and community and service to disadvantaged women and children.

In 1989, Quota Club of Alliance established a Memorial Scholarship fund. The Quota Club of Alliance Memorial Scholarship fund is available to all senior girls residing in or graduating from Alliance, Marlinton, Sebring, West Branch School Districts. St. Thomas Aquinas senior girls may apply if they reside in one of the above four school districts. The applicant must plan to attend an accredited college or university upon graduation. To apply for this award, please submit the following:

1. A completed and signed application form
2. A copy of your transcript
3. One faculty reference letter
4. One personal reference letter (non-school personnel)
5. An attached 100 words or more typed essay explaining why you should be awarded this scholarship and your life and career goals.

**In order to be considered, all of the above materials must be received on or before March 30th.**

Drop off:  
To your High School Guidance Counselor

Thank you for your interest and Good Luck.

Quota Club of Alliance Memorial Scholarship Committee



## Quota Club of Alliance Memorial Scholarship Application

The application process is restricted to high school senior girls intending to pursue studies, upon graduation, at an accredited college or university. The following information is required for the confidential use of the selection committee. In order to be considered, all questions must be answered before the application is submitted. Please print in ink or type.

### PERSONAL INFORMATION:

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ General Health: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Mother's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

### Name, relationship, and address of person(s) from whom you derive your financial support:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Number of sisters and brothers and their ages:

Number of sisters: \_\_\_\_\_ Ages: \_\_\_\_\_ Number of brothers: \_\_\_\_\_ Ages: \_\_\_\_\_

**SCHOOL INFORMATION:**

Elementary School(s): \_\_\_\_\_ When: \_\_\_\_\_

Middle School(s): \_\_\_\_\_ When: \_\_\_\_\_

High School(s): \_\_\_\_\_ When: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

**ACTIVITIES & HONORS:**

High School Activities:

High School Honors:

**COMMUNITY & LEISURE INFORMATION:**

Community Activities:

Hobbies:

**SCHOLARSHIP INFORMATION:**

List the other scholarships applied for and amount received to date:

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**COLLEGE/UNIVERSITY INFORMATION:**

What college or university do you plan to attend?

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Have you been accepted for the fall term?

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What course of study do you plan to take?

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**On an attached sheet of paper, please explain in detail (100 words or more) why you should be awarded this scholarship and your life and career goals.**

**APPLICATION CHECKLIST:**

- Completed and Signed Application Form
- Copy of Transcript
- One (1) Faculty Reference Letter
- One (1) Personal Reference Letter
- Essay

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_