

THE WOMAN'S CLUB OF MAYWOOD

Scholarship Application

Name:

Address:

Telephone Number:

School you are attending:

Number of children in your family living at home:

Ages of above:

Do any siblings in your family attend college at the present time or do any of them attend special schools which would require additional cash outlay on the part of your parents?

Do your parents work? One works _____ Both work _____

Please list below any athletic / school clubs in which you participate:

1. _____
2. _____
3. _____
4. _____

Please list below any outside activities in which you are engaged: i.e. Scouts, Hospital Volunteer, etc.

1. _____
2. _____
3. _____
4. _____

Do you hold a job?

If so, how many hours a week? It is understood that anyone working would have limited club / athletic/ outside activities. Hours per week _____

Have you been accepted by a college as yet? _____

If so, which college? _____

Please indicate your career / major you intend to pursue: _____

Have you applied for any other scholarships? _____

Have you been advised as yet if you have received any? _____

****This form is to be accompanied by (1) a transcript of your grades, (2) a letter of recommendation from one of your teachers (other than your Guidance Counselor) and (3) a letter written by you outlining your goals for the future.****

This information will be kept strictly confidential.

Return this application to:

Mrs. Martha De Young
Education Chairman Woman's Club of Maywood
8 Orchard Place
Maywood, New Jersey 07607

Deadline date: APRIL 1st

Please note:

In the event that your college plans do not materialize, it is understood that you will return the amount of this scholarship.