

Professional Women of Sullivan County

High School Scholarship Award Application

Requirements for Awards:

- Applicant must have met the entrance requirements of intended accredited school
- Applicant must be a Sullivan County Resident for a minimum of two years
- Two letters of reference are required
- IMPORTANT- All necessary information MUST BE submitted with this application (including transcripts and references)
- Application MUST be received by May 17, 2013
- Scholarship checks will be given out at our annual Scholarship dinner, which will be held on June 19, 2012 at Bernie's Holiday Restaurant at 6:00 pm

PLEASE PRINT YOUR ANSWERS TO THE FOLLOWING QUESTIONS:

| 1. | Name: | Age: |
|----|--------------------------------|------|
| 2. | Address: | |
| | | |
| 3. | Telephone: | |
| | Email: | |
| | High School are you attending: | |
| 6. | Interests and hobbies: | |
| | | |
| | | |

| 7. | Extracurricular/Community Activities: |
|------|--|
| | |
| 8. | Employment History: |
| | |
| | |
| 9. | Schools from which you have received acceptances: |
| 10 | School you plan on attending and your major: |
| 11 | Other Scholarships awards you have applied for/received: |
| | |
| 12 | .Attach this form to a type-written essay of approximately 150-200 words (ONE PAGE ONLY) on the following subject: |
| What | can your generation do to make a positive impact on Sullivan County? |
| | e sign and date this application Signature: |
| А | II APPLICATIONS BECOME THE PROPERTY OF THE PROFESSIONAL WOMEN OF SULLIVAN COUNTY |
| Send | all information by May 17, 2013 to: |
| | Professional Women of Sullivan County |
| | P.O. Box 1043 Monticello, NY 12701 |
| | ITIOTICICCITO, ITI IZ/OI |