



**STUDENT INFORMATION:**

**Name** \_\_\_\_\_  
Last First Middle Initial

**Student ID#** \_\_\_\_\_ **Campus** \_\_\_\_\_

**Permanent Mailing Address:** \_\_\_\_\_  
Number Street  
City State Zip Code

**Phone number:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Address while attending college:** \_\_\_\_\_  
Number Street  
City State Zip Code

**High School Graduated From:** \_\_\_\_\_  
City State Date of Graduation

**COLLEGES AND UNIVERSITIES PREVIOUSLY ATTENDED: (if attended)**

College Earned	Dates	Credit Hours Completed	Degree

**COURSE ENROLLMENT FOR 2023-2024:** Part Time 6-8 hours \_\_\_\_\_ Part Time 9-11 hours \_\_\_\_\_ Full Time 12 + hours \_\_\_\_\_

**Name of College of University :** \_\_\_\_\_

**Career Intent :** \_\_\_\_\_

**Major Course of Study :** \_\_\_\_\_ **Degree Goal :** \_\_\_\_\_

**Anticipated Date of Graduation :** \_\_\_\_\_



**APPLICANT'S PERSONAL STATEMENT:**

The applicant must submit a personal statement, 2 pages limit written or typed double spaced. Please share:

- Educational and vocational plans & goals
- Your life experiences that would help you be successful in completing your educational goal
- Any other information that would be helpful to the scholarship committee in making its decision

**Your application & additional documents mailed to: [president@wslncw.org](mailto:president@wslncw.org) must include:**

- A Statement of financial need      **AND**      • An unofficial transcript (if previously enrolled)

I certify that the information contained in this application is correct and complete. By signing below, I give permission for my college of attendance to release transcript and financial aid information to the Women's Service League of NCW Scholarship Committee to be used solely for making scholarship award determinations. The information obtained on this application and provided by the college will not be shared with any other party or for any other purpose.

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Applicant's Signature

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Date