



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@wslnw.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.

Applicant's Signature

Date