

# 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 sibling 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 a transcript of your grades, a letter of recommendation from one of your teachers (other than your Guidance Counselor), and a letter written by you outlining your goals for the future.\*\***

This information will be kept strictly confidential.

Return this application to:

Mrs. Martha DeYoung  
8 Orchard Place  
New Jersey 07607

Note:

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