AHJWC 2017				
PERSONAL INFORMATION				
Name:				
Date of birth:	Email:	Phone:		
Current address:				
City: Arlington Heights	State:	ZIP Code:		
ARE YOU PRESENTLY HOLDING A JOB? IF	SO, WHERE AND FOR HOW MA	ANY HOURS A WEEK?		
	FAMILY INFORMATION			
Name of Mother:				
Name of Father:				
Brothers and Sisters (list ages):				
Are any siblings presently attending college:				
	SCHOOL INFORMATION			
High School you will graduate from:		Date of graduation:		
Address:		Phone:		
G.P.A:		Weighted G.P.A:		
Number in graduating class:		Rank in class:		
Are there any other schools you attended 9 th throu	1 10 th	ivanik ili ciuss.		
	COLLEGE INFORMATION			
What college or university do you plan to enroll a				
First choice:		Location:		
First choice: Second choice:		Location:		
First choice: Second choice: Have you applied?	at:	Location: Been accepted?		
First choice: Second choice: Have you applied?	at: RELATED EXTRA-CURRICUL	Location: Been accepted?		
First choice: Second choice: Have you applied? PLEASE LIST ANY SCHOOL F	at: RELATED EXTRA-CURRICUL	Location: Been accepted?		
First choice: Second choice: Have you applied? PLEASE LIST ANY SCHOOL F	at: RELATED EXTRA-CURRICUL	Location: Been accepted?		
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PLEASE LIST ANY NON-SCHOOL EXTRA-CURRICULAR ACTIVITES
PLEASE DESCRIBE THE VOLUNTEER ACTIVITIES YOU HAVE PARTICIPATED IN DURING HIGH SCHOOL
PLEASE ATTACH AN ESSAY USING NO MORE THAN 500 WORDS DESCRIBING WHY YOU HAVE VOLUNTEEREI
YOUR TIME AND WHAT HAS BEEN YOUR MOST MEANINGFUL VOLUNTEER ACTIVITY (APPLICATIONS WILL NOT BE CONSIDERED WITHOUT AN ESSAY)
DEADLINE IS FRIDAY, MARCH 15, 2017
- BE SURE TO INCLUDE YOUR OFFICIAL SCHOOL TRANSCRIPT - SUBMIT COMPLETED APPLICATION TO P.O. BOX 1512 ARLINGTON HEIGHTS, IL 60006 OR
SCHOLARSHIP@AHJWC.ORG
SIGNATURES (TYPED NAME)

I hereby certify that the above information is true and correct to the best of my knowledge. My signature (typed name) attests to the

fact that I am a legal resident of Arlington Heights, that I am between the ages of 16 and 22, and that I hereby agree that if awarded this scholarship, I will abide by the rules and regulations set forth by the Arlington Heights Junior Woman's Club.				
Signature of applicant:	Date:			
Signature of guardian if under the age of 18:	Date:			