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| AHJWC 2019 SCHOLARSHIP APPLICATION | | |
| 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 many 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 9th through 12th grade: | | |
| COLLEGE INFORMATION | | |
| What college or university do you plan to enroll at: | | |
| First choice: | | Location: |
| Second choice: | | Location: |
| Have you applied? | | Been accepted? |
| PLEASE LIST ANY SCHOOL RELATED EXTRA-CURRICULAR ACTIVITIES OR HONORS | | |
| (Sports, clubs, performance, academic, etc.) | | |
| PLEASE LIST ANY NON-SCHOOL EXTRA-CURRICULAR ACTIVITES | | |
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| PLEASE DESCRIBE THE VOLUNTEER ACTIVITIES YOU HAVE PARTICIPATED IN DURING HIGH SCHOOL | | |
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| PLEASE ATTACH AN ESSAY USING NO MORE THAN 500 WORDS DESCRIBING WHY YOU HAVE VOLUNTEERED YOUR TIME AND WHAT HAS BEEN YOUR MOST MEANINGFUL VOLUNTEER ACTIVITY(APPLICATIONS WILL NOT BE CONSIDERED WITHOUT AN ESSAY) | | |
| DEADLINE IS FRIDAY, MARCH 30, 2019- BE SURE TO INCLUDE YOUR OFFICIAL SCHOOL TRANSCRIPT -SUBMIT COMPLETED APPLICATION TO P.O. BOX 1512 ARLINGTON HEIGHTS, IL 60006 OR [ahjwc.board@gmail.com](mailto: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: |