

UNIVERSITY WOMEN'S CLUB OF MERCER COUNTY
Scholarship Loan Application

You are urged to give careful consideration to each question on this form. **It is to your advantage to fill out each blank completely.** Return this form to your counselor or to the scholarship chairperson by **March 31st.** Please remember to include a transcript of your grades.

Scholarship Chairperson: Kelly Hone, 613 Willow St., Celina, OH 45822

Name _____ US Citizen? Y/ N

Date of Birth _____ Telephone Number(s) _____

Email address(es) _____

Home address _____

Number, Street

City/Town

Zip Code

Father's full name _____

Occupation _____

Education _____

Annual income _____

Mother's full name _____

Occupation _____

Education _____

Annual income _____

Married _____ Divorced _____ Remarried _____ Deceased _____

If you are not living with your parents, give name and relationship of the person with whom you are residing: _____

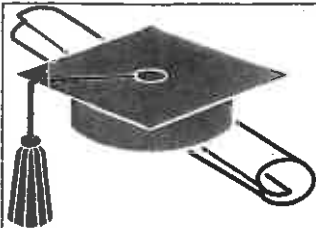
Persons still financially dependent on parents:

Name

Age

Reason (school, etc.)

Name	Age	Reason (school, etc.)



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Do you have any person dependent on you for support? Y/N Relationship _____

Do you have any relative affiliated with University Women's Club? Y/N Name _____

Please indicate if there are any special circumstances, i.e. parent's health, etc, of which we should be aware.

Name & address of your high school _____

Class Rank _____ GPA _____ ACT Score _____ &/or SAT score _____ Attendance _____

Extracurricular activities (Indicate year by 1, 2, 3, 4, and offices held) You may use a separate sheet.

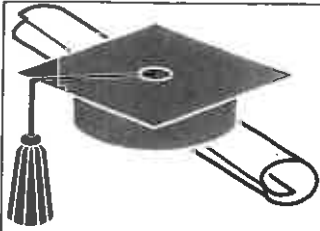
List any work experience and dates, if applicable _____

Name of college you plan to attend _____

Have you been accepted yet? Y/N Do you expect to work during the school year? Y/N

What percentage of your college costs do you expect to pay? You _____ Parents _____

Scholarships _____ Loans _____



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In essay form, please answer the following questions below or on a separate sheet of paper.

1. What do you plan to major in and why?
2. What are your aspirations for the future?

Signature _____ Date _____

*****Remember to include a transcript of your grades.*****

Deadline: March 31

You may return this application to your counselor or to: Kelly Hone, 613 Willow St., Celina, OH 45822