|  |  |
| --- | --- |
|  | **Democratic Women of Randolph County** |

# Scholarship Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |   |

|  |  |
| --- | --- |
| Last 4 digits SSN: |  |

|  |  |  |
| --- | --- | --- |
| Are you a citizen of the United States? | YES[ ]  | NO[ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever volunteered for this organization? | YES[ ]  | NO[ ]  | If yes, when? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been convicted of a felony? | YES[ ]  | NO[ ]  |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  | Address: |  |

## References

*Please list three professional references.*

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |

## Current Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |
| --- | --- |
| Job Title: |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your supervisor for a reference? | YES▢ | NO▢ |  |
|  |  |  |  |
|  |  |  |  |

## Volunteer Experience

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organization: |  | From: |  | To: |  |

|  |  |
| --- | --- |
| Responsibilities and/or Duties: |  |

|  |  |
| --- | --- |
| Explain: |  |

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to the awarding of the scholarship, I understand that false or misleading information in my application or interview may result in my release.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |