

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: _____