



# ALTRUSA CLUB OF RUIDOSO SCHOLARSHIP APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

DO YOU HAVE CHILDREN? YES \_\_\_ NO \_\_\_  
IF YES, LIST NAMES AND AGES:

IF MARRIED, LIST SPOUSE'S NAME, OCCUPATION AND PLACE OF EMPLOYMENT:

NAME OF COLLEGE OR SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FINANCIAL AID DIRECTOR: \_\_\_\_\_  
(SIGNATURE)

ARE YOU CURRENTLY ENROLLED AT THIS INSTITUTION? \_\_\_\_\_  
IF YES, PLEASE COMPLETE THE FOLLOWING:

FIELD OF STUDY \_\_\_\_\_ GPA \_\_\_\_\_

ARE YOU PRESENTLY ATTENDING SCHOOL PART TIME \_\_\_\_\_ FULL TIME \_\_\_\_\_

NUMBER OF CREDITS REQUIRED \_\_\_\_\_ NUMBER OF CREDITS ACQUIRED \_\_\_\_\_  
FOR COURSE COMPLETION TOWARD THIS DEGREE

DO YOU HAVE PREVIOUS COLLEGE EXPERIENCE? \_\_\_\_\_  
IF YES, COMPLETE THE FOLLOWING:

NAME OF SCHOOL	LOCATION	ATTENDED FROM - TO	COURSE OF STUDY	DEGREE OBTAINED	GPA

ALTRUSA CLUB OF RUIDOSO - SCHOLARSHIP APPLICATION, PAGE 2

ARE YOU A HIGH SCHOOL GRADUATE OR GED CERTIFIED? \_\_\_\_\_

ARE YOU A CITIZEN OF THE U.S.? \_\_\_\_\_ IF NO, ARE YOU A LEGAL RESIDENT? \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ IF YES, INDICATE FULL OR PART TIME \_\_\_\_\_  
LIST NAME, ADDRESS AND PHONE OF EMPLOYER:

IS YOUR EMPLOYER PROVIDING EDUCATIONAL FUNDING FOR YOU? \_\_\_\_\_

IF YES, PLEASE INDICATE THE AMOUNT AND FREQUENCY: \_\_\_\_\_

PLEASE GIVE YOUR WORK HISTORY FOR THE PAST FIVE YEARS. IF NECESSARY, PLEASE ATTACH A SEPARATE SHEET TO CONTINUE.

NAME OF COMPANY	ADDRESS	POSITION	FROM - TO	REASON LEFT

WHAT IS YOUR ESTIMATED INCOME THIS YEAR? \_\_\_\_\_

LIST ALL OTHER SOURCES OF INCOME AND THE AMOUNT RECEIVED (SOCIAL SECURITY, VETERANS BENEFITS, CHILD SUPPORT, PUBLIC ASSISTANCE):

LIST ALL SCHOLARSHIPS, AWARDS, GRANTS OR OTHER FINANCIAL AID AWARDED TO APPLICANT:

LIST ANY OTHER CIRCUMSTANCES OR FACTS WHICH YOU FEEL SHOULD BE CONSIDERED BY THE COMMITTEE DURING THE REVIEW OF THIS APPLICATION.

I, \_\_\_\_\_, HEREBY ACKNOWLEDGE THAT ALL OF THE INFORMATION INCLUDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF ADDITIONAL INFORMATION OR DOCUMENTATION IS REQUESTED OF ME, I WILL FURNISH IT PRIOR TO THE FINAL RECOMMENDATIONS OF THE SCHOLARSHIP COMMITTEE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE