



Alliance of Acton Women, Acton Women's Club

P.O. Box 369, Acton, CA 93510

Scholarship Application

HIGH SCHOOL STUDENT
 TRANSFER STUDENT

Student First Name: Middle Name Last Name: Date:

[Input fields for Student Name and Date]

Address (home and mailing):

[Input field for Address]

Phone: Email: Birth Date:

[Input fields for Phone, Email, and Birth Date]

Parent/Guardian:

[Input field for Parent/Guardian Name]

Phone: Email:

[Input fields for Parent Phone and Email]

Parent/Guardian:

[Input field for Parent/Guardian Name]

Phone: Email:

[Input fields for Parent Phone and Email]

How many Siblings at Home?: (if applicable) How many Siblings at College?: (if applicable)

[Input fields for Siblings at Home and College]

Current School:

[Input field for Current School]

Your Major Academic Interest:

[Large input field for Academic Interest]

Future Plans/Ambitions/Occupations after High School:

[Large input field for Future Plans]

Please list the College/Vocational School(s) that you Plan to Attend – or have Been Accepted

School Name and Address: Start Date Accepted Now

[Input fields for School Name, Address, Start Date, and Accepted Now]

School Name and Address: Start Date Accepted Now

[Input fields for School Name, Address, Start Date, and Accepted Now]

School Name and Address: Start Date Accepted Now

[Input fields for School Name, Address, Start Date, and Accepted Now]

Scholarship Received: Full or Partial?:

[Input fields for Scholarship Received and Full or Partial?

Scholarship Received: Full or Partial?:

[Input fields for Scholarship Received and Full or Partial?

Scholarship Received: Full or Partial?:

[Input fields for Scholarship Received and Full or Partial?

Acton Women's Club Scholarship Application - continued

SCHOOL and/or WORK RELATED ACTIVITIES (Subject to verification)

include labs, athletics, campus clubs/activities, music, drama and/or art

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|--|--|--|--|
| Date from: | Date to: | Hours of Participation (if applicable): | Description of Involvement: |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Date from: | Date to: | Hours of Participation (if applicable): | Description of Involvement: |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Date from: | Date to: | Hours of Participation (if applicable): | Description of Involvement: |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Date from: | Date to: | Hours of Participation (if applicable): | Description of Involvement: |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Date from: | Date to: | Hours of Participation (if applicable): | Description of Involvement: |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

AWARDS/HONORS/ACHIEVEMENTS (Subject to Verification)

list academic, athletic, arts or work-related achievements/awards

| | | |
|--|--|--|
| Date from: | Date to: | Description |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Date from: | Date to: | Description |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Date from: | Date to: | Description |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Date from: | Date to: | Description |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Date from: | Date to: | Description |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

COMMUNITY SERVICE (Subject to Verification)

| | | | | |
|--|--|--|--|--|
| Date from: | Date to: | Hours | Description | Primary Contact & Phone # |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Date from: | Date to: | Hours | Description | Primary Contact & Phone # |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Date from: | Date to: | Hours | Description | Primary Contact & Phone # |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

I hereby certify that the information provided is complete and correct to the best of my knowledge.

Signature of Applicant: **x**:

Date: