

# ATWOOD WOMEN'S CLUB SCHOLARSHIP APPLICATION

PLEASE TYPE

Last Name

First Name

Middle Initial

Home Address

City

State

Zip

Social Security Number

Home Phone Number

Parent/Guardian Name(s)

Desired University, College, or School to attend and location

Please complete the following questions. Please type answers and limit them to the space provided except for question #2 for which an additional page may be attached if necessary.

1. **SELF DESCRIPTION**

Describe what you are like as a person with information about your most significant accomplishments. Include interests, major, leadership activities, community work and paid employment.

2. **LEADERSHIP AND VOLUNTEERISM**

List your activities and awards. Include titles of positions held.

3. **FUTURE GOALS**

Describe your future career goals. Describe how this scholarship will support your goals.

4. Briefly describe what receiving this award would mean to you.

Signature

Return completed application by April 1 to:

Carolyn Sanders  
216 N. Missouri  
Atwood, IL 61913  
217-254-9841