Troy Women's Association Women's Scholarship Application P.O. Box 1545 Troy MI 48099-1545 248-988-0426 E-mail: troywomensassociation@gmail.com Website: www.troywomensassociation.org

ADULT WOMEN'S APPLICATION

The Troy Women's Association (TWA), a local non-profit organization, will be awarding \$8,000 in educational scholarships this Spring! Scholarships will be awarded to local women who demonstrate a commitment to serving their community and/or demonstrate financial need.

- All applications must be received by **Monday, April 2, 2018.** Completed applications can be submitted by mail or email to the addresses noted above.
- Scholarship recipients will be notified by phone or in writing by late April 2018.

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• Awards will be presented at TWA's general membership meeting on Tuesday, May 1, 2018. The scholarship check will be made payable jointly to the applicant and university or college.

Name			
Address	City	Zip	······································
Phone	E-mail		
	u hear about the TWA scholarship program?		
Are you v	rking? If yes, please list employer:		
College/u	iversity you are currently attending or plan to attend:		
Area of st	dy: Anticipated graduation date:_		

Briefly explain why you are applying for this scholarship and why you feel you should receive this award:

Essay

On a separate sheet of paper type a one-to two-page essay answering the following question:

How will obtaining a college education benefit you, your family, and/or community?

Community Service

Please list below ways in which you are currently active in your community, or have been active in recent years. If more space is needed, please attach a separate sheet.

rganization:			
Dates of Service:	Total Hours of Service:		
Service Provided:			
Organization:			
Dates of Service:			
Service Provided:			
Organization:			
Dates of Service:			

Certification

I certify that all information provided on this application and all supporting documents are accurate and complete. I understand that any misleading or false information will result in my application being disqualified. In addition, I give permission to the Scholarship Committee to duplicate my Application Packet for processing and evaluation purposes. I understand that the scholarship is awarded at the discretion of the Scholarship Committee.

Applicant Signature	Date: