

**Troy Women's Association
Women's Scholarship Application**

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HIGH SCHOOL SENIOR 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.
- 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 _____

How did you hear about the TWA scholarship program? _____

Name of high school: _____

High school graduation date: _____

College/University you plan to attend: _____ Area of study: _____

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:

- **Who has been the most significant person or event in your life and why?**

Community Service

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

Organization: _____

Dates of Service: _____ Total Hours of Service: _____

Service Provided: _____

Organization: _____

Dates of Service: _____ Total Hours of Service: _____

Service Provided: _____

Organization: _____

Dates of Service: _____ Total Hours of Service: _____

Service Provided: _____

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: _____