

**ZONTA CLUB OF SEGUIN MEMORIAL SCHOLARSHIP
NON-TRADITIONAL STUDENT**

DEADLINE: April 15

PERSONAL INFORMATION:

Name: _____

Permanent Address: _____

City, State, Zip _____

County of Residence _____

Telephone: Cell _____ Work _____ Home _____

Email: _____

Date of Birth: _____ Marital Status: _____ Dependents: _____

Names and ages of Dependents _____

Are you a dependent of someone else? Who and what is the relationship? _____

EDUCATIONAL BACKGROUND:

High School Attended: _____

Date of
Graduation _____ GED _____ GPA _____

Education completed beyond High School: _____

School Presently Attending: _____

Address of School: _____

Current Year Classification: _____ Freshman _____ Sophomore _____ Junior
_____ Senior _____ Other (Explain) _____

Cumulative Grade Point Average: _____ Expected Date of Graduation _____

What is your enrollment status? _____ Full Time _____ Part Time

If not currently enrolled, where do plan to attend? _____

What is the degree, license, or certificate you will receive upon completion of
Your studies? _____

EMPLOYMENT INFORMATION:

Current Employer: _____ Salary: _____

Address of Employer: _____

WORK EXPERIENCE: Including current employer list all work experience:

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

List your Net Income (take home) income for the last two years:

Last Year \$ _____ Current Year \$ _____

List any other income received (from spouse or any other source):

Last Year \$ _____ Current Year \$ _____

Please note that the most recent IRS return may be required.

COMMUNITY SERVICE ACTIVITIES: Please list all the community activities in which you have been involved:

STATEMENT OF ECONOMIC NEED AND CAREER PLANS: Please **attach** (300 words or less) a paragraph that describes your career and educational goals and a statement of need for financial assistance.

REFERENCES:

List names, address and phone/email of persons (excluding relatives) submitting references:

Academic Reference

Name and Address: _____

Phone/Email: _____

Employer Reference

Name and Address: _____

Phone/Email: _____

Character Reference

Name and Address: _____

Phone/Email: _____

I attest that all information provided by me, the applicant, for this scholarship is complete and accurate to the best of my knowledge.

Signature of Applicant

Date

Upon completion of the application, please forward, TOGETHER WITH YOUR
*SCHOOL TRANSCRIPT copy, to:

Pat Grigg
1821 Montclair Street
Seguin, Texas 78155

*Your OFFICIAL Transcript may be required upon review by the Scholarship
Committee