

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

DEADLINE FOR SUBMISSION: April 15

PERSONAL INFORMATION:

Name: _____

Permanent Address: _____

City, State, Zip _____

County of Residence _____

Telephone: Cell: _____ Work: _____ Home: _____

Email Address: _____

Date of Birth: _____ Marital Status: _____

of Dependents: _____

Names and ages of Dependents: _____

Are you a dependent of someone else (as defined by IRS): _____ YES _____ NO

If Yes, describe who you are a dependent of and 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 _____

Enrollment status: _____ Full Time _____ Part Time

If not currently enrolled, where do plan to attend and what semester will you enroll?

What is the degree, license, or certificate you will receive upon completion of

Your studies? _____

EMPLOYMENT INFORMATION:

Current Employer: _____

Wage or 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 to complete the application process.

COMMUNITY SERVICE ACTIVITIES: Please list all the volunteer community activities in which you have been involved. (This information may be attached to the application):

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

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

Forward completed application, transcript, and requested documentation to:

Sharon Illhardt at zontaseg@gmail.com

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