

**SCHOLARSHIP APPLICATION****SISTERHOOD EMPOWERMENT NETWORK**

|  |                           |
|--|---------------------------|
| FULL NAME (F,MI,L)   |                           |
| D.O.B  | ____/____/____            |
| AGE  |                           |
| LAST 4   | ***_**_                   |
| ADDRESS  |                           |
| EMAIL  |                           |
| PHONE NUMBER   |                           |
| ADDITIONAL NUMBER  |                           |
| CURRENT GRADE<IF APPLICABLE>   |                           |
| CURRENT SCHOOL ATTENDING<br><IF APPLICABLE>                              |                           |
| ARE YOU EMPLOYED ?   | YES OR NO<br>(CIRCLE ONE) |
| IF SO WHERE : (NAME)   |                           |
| JOB ADDRESS  |                           |
| MANAGER NAME   |                           |
| MANAGER NUMBER   |                           |
| DO YOU RECEIVE GOVERNMENT<br>ASSISTANCE                                  | YES OR NO<br>(CIRCLE ONE) |
| IF SO WHAT < <a href="#">SNAP. FL</a> ,HOUSING,CHILD<br>SUPPORT> EXPLAIN |                           |
| DO YOU RECEIVE MEDICAID  | YES OR NO<br>(CIRCLE ONE) |
| DO YOU OWN OR MAKE PAYMENTS FOR<br>YOUR CAR                              |                           |

## SCHOLARSHIP APPLICATION

### SISTERHOOD EMPOWERMENT NETWORK

|  |                           |
|--|---------------------------|
| ARE YOU PREGNANT   | YES OR NO<br>(CIRCLE ONE) |
| DO YOU AGREE TO PAY YOUR PORTION<br>OF FEES IF YOU'RE APPROVED FOR A<br>SCHOLARSHIP          | YES OR NO<br>(CIRCLE ONE) |
| DO YOU AGREE TO THE TERMS AND<br>CONDITIONS OF THE AGREEMENT WITH<br>RECEIVING A SCHOLARSHIP | YES OR NO<br>(CIRCLE ONE) |
| ARE YOU U.S CITIZEN  |                           |
| GENDER   | MALE OR FEMALE            |

PRINT

SIGNATURE

DATE

|  |  |  |
|--|--|--|
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|  |  |  |