

**Mary Hall Scholarship Fund Application Form
P.E.O. Chapter CY, Marshfield WI**

Please return by March 29, 2019:

Julie Salamonski

juliesalamonski@gmail.com

Applicant's Name: _____ Date _____

Address:

Phone Number: _____

Email Address: _____

Education:

High School: _____

Date of High School Graduation: _____

Post High School/College if applicable; this would include any education that you have pursued since high school. Please include dates that you were a student:

For what length of time was your education interrupted? _____

What accredited program are you currently enrolled in, and when were you admitted to this program?

What school are you attending now, and what is your anticipated date of graduation?

What degree, certification, or license will you acquire when you complete your education?

What is your overall grade point average? GPA: _____

Summary of Goals and Need

1. In your career preparation, describe your educational goals and your program of study.
2. Describe the impact that this funding will have for you, should you receive it. (Include financial information that explains your financial need more clearly.)
3. Detail your current or most recent work experience, if applicable (employer, position, duties, and dates of employment).
4. How did you learn about the Mary Hall Scholarship?
5. Include additional information that you would like the committee to have in considering your application:

References

Please list the names, addresses, telephone numbers, and relationships of the two people that you have asked to write letters of recommendation. *Letters should be sent **directly to the chairperson of the committee from the person writing the letter of recommendation.***

Names of references:

1.

2

2.

Letter of recommendation can be sent to PEO Mary Hall Scholarship Chairperson:
juliesalamonski@gmail.com

Applicants receiving a scholarship must provide the address of the school to which the check will be sent. Please provide the name and address of your school. Provide student identification number if required. Checks will not be issued to students.

Name of school: _____

Address: _____

Campus ID # if applicable: _____

My signature certifies that the information provided in this application is accurate and truthful. I understand that willful omission or falsification will eliminate me from consideration.

Applicant's Signature

(please scan page after signing and send to chairperson)

Date