



ALTRUSA INTERNATIONAL of Marion, IN, Inc. SCHOLARSHIP APPLICATION

Name: _____ Email: _____

Address: _____ Phone: _____

Mother's Name: _____ Occupation: _____

Mother's Address: _____

Father's Name: _____ Occupation: _____

Father's Address: _____

Number and Age of Siblings: _____

High School: _____ High School Ranking: ___ of ___ Students. GPA: _____

****Please include High School Transcript****

Where do you plan on going to College? _____

Career Goal: _____ Years required to complete degree: _____

Estimate 1 year cost (include Tuition, Room/Board, Living Expense, Books): _____

Please list all volunteer activities including where/what and approximate hours per month:

Please list all honors and/or awards you have received including academic, athletic, community:

Please list any employment during the summer and/or school year and indicate where and number of hours per week:

In fewer than 250 words, please describe what Altruism means to you... (Attach on a separate piece of paper)

Signature: _____ Date: _____

Must be postmarked by **April 15, 2017**

Return to: Altrusa International, c/o Daphne McMullen, 2472 N 400 E, Marion, IN 46952