ALTRUSA INTERNATIONAL, INC. OF SIDNEY, OHIO
SCHOLARSHIP APPLICATION

Requirements:
Applicant -
1. Must be a graduate or graduating from a Shelby County High School in 2020 or a resident of Shelby County for 5 years with a high school diploma.

2. Must be enrolled in a program leading to a degree or an associate degree.

3. Must attach at least 2 letters of recommendation – one school related and one community related.

4. Must write a narrative as specified below.

5. Must submit an outline of Community and School Activities. Be sure to mention any volunteering you have done.

6. Your application will be scored using the following criteria: Need, Academics, Strength of References, School and Community Activities, and Volunteer Activities.

7. Must submit this application on or before April 10, 2020 with either a high school or college transcript to:

Kay Miller
1702 Burkewood Drive
Sidney, OH 45365

I certify that, to the best of my knowledge, the following information is correct. If I receive an award, I will supply Altrusa International, Inc. of Sidney, Ohio with information as requested.

Signed __________________________

Date __________________________

Narrative: (Please attach)

Altrusa’s mission statement includes as its goals community service, goodwill and the promotion of literacy. Describe your goals relative to Altrusa’s mission and explain why you would be a worthy Altrusa scholarship recipient. (The narrative will be used as a tie breaker.)
Personal Information

NAME: ___________________________________________ (Last) (First) (Middle)

PRESENT ADDRESS: __________________________________________________________ Number of years
as a Shelby County Resident________________________

(Street) (City) (Zip)

DATE OF BIRTH: __________________________ AGE: __________________________

PARENTS'/GUARDIANS' NAMES: ____________________________________________

HOME PHONE NUMBER: __________________________ EMAIL ADDRESS: __________________________

HIGH SCHOOL: _______________ YEAR OF GRADUATION: _______________

NAME OF COLLEGE ATTENDING OR WILL BE ATTENDING: __________________________

DEGREE BEING SOUGHT: _______________ FIELD OF STUDY: __________________________

NAME OF HIGH SCHOOL GUIDANCE COUNSELOR (if applicable) __________________________

Estimated Financial Resources and Expenses for Next School Year:

TOTAL COST OF TUITION, ROOM/BOARD FOR ONE YEAR $_______________

STUDENT CONTRIBUTION PER YEAR $_______________

PARENT OR FAMILY CONTRIBUTION PER YEAR $_______________
(If parent or family is not contributing please give a reason why not below.)

SCHOLARSHIPS/GRANTS PER YEAR $_______________

LOANS PER YEAR $_______________

TOTAL EXPECTED RESOURCES PER YEAR $_______________

1. PLEASE ADD ANY INFORMATION THAT WILL HELP US UNDERSTAND YOUR FINANCIAL
   SITUATION MORE CLEARLY.

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2. ATTACH A LIST OF SCHOOL, COMMUNITY, AND VOLUNTEER ACTIVITIES