

# SCHOLARSHIP APPLICATION

## Women In Touch

A COMMUNITY SERVICE ORGANIZATION  
Post Office Box 4192  
Montgomery, Alabama 36103-4192  
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THIS SCHOLARSHIP AWARD IS BASED ON FINANCIAL NEED, COMMUNITY SERVICE, EXTRA CURRICULAR ACTIVITIES, AND GRADE POINT AVERAGE (GPA). STUDENTS MUST HAVE AT LEAST A 2.5 GPA TO QUALIFY. SINCE THE GPA MUST BE ESTABLISHED AT THE TIME OF APPLICATION, A TRANSCRIPT MUST BE ATTACHED TO THE APPLICATION. PLEASE REFER TO THE SCHOLARSHIP ANNOUNCEMENT ON OUR WEBSITE FOR FURTHER QUALIFYING INFORMATION.

**PLEASE PRINT OR TYPE! INCOMPLETE AND LATE APPLICATIONS WILL BE DISQUALIFIED!**

PERSONAL INFORMATION	
NAME:	DOB (Year only):
Address:	
Street	City/State Zip Code
Telephone: Home ( )	Cell ( )
E-Mail Address:	
STUDENT CLASSIFICATION	
<b>High School Student (only)</b>	
Name of High School:	
Current GPA **:	Tentative Graduation Date:
Have you been accepted at a University? ( ) Yes ( ) No (Note: You must have an acceptance letter from a university to qualify for this scholarship.)**	
If yes, name and address of University:	
Tentative enrollment type: ( ) Full Time ( ) Part Time Number of hours?	
<b>College or Junior College Student (only)</b>	
Name and Address of University where currently enrolled:	
Classification: ( ) Freshman ( ) Sophomore ( ) Junior ( ) Senior	
Enrollment type: ( ) Full Time or ( ) Part Time	Number of hours enrolled:
Tentative graduation date:	
Current GPA **:	
Major area of study:	
INCOME	
Employment:	
Are you currently employed? ( ) Yes ( ) No	

Employer's Name and Address:
Telephone Number:
Income: \$ _____ ( ) Weekly ( ) Bi-weekly ( ) Monthly ( ) Yearly

**FINANCIAL NEED/ASSISTANCE**

Do you plan to live on or off campus for this school year? ( ) On ( ) Off

Are you receiving or have been approved for a Scholarship or Grant? ( ) Yes ( ) No

If yes, in what amount?  
 ( ) Scholarship \$ \_\_\_\_\_ per ( ) quarter or ( ) semester ( ) Grant \$ \_\_\_\_\_ per ( ) quarter or ( ) semester

Please provide the name, address, and income of the person(s) whom you will depend on for financial support. (If this person IS NOT a parent, please indicate the relationship.)

NAME	ADDRESS	INCOME**

(Please note whether income is weekly, bi-weekly, monthly or yearly.)

Are there other members of your immediate family enrolled in a University at this time?  
 ( ) Yes ( ) No

If so, please provide the following information regarding that person(s):

Name?  
 Relationship to you?  
 University they attend?  
 How are they classified?  
 Tentative graduation date?  
 Upon whom do they depend for financial assistance?

(If additional space is required, this information may be provided on the back of this application or on a separate sheet of paper.)

Student # \_\_\_\_\_

Financial Aid Contact:

Name	Phone	Email
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**COMMUNITY SERVICE/EXTRA CURRICULAR ACTIVITIES**

On a separate sheet of paper, please answer the following essay questions:

1. Describe the types of student organizations, community service activities, clubs and organizations with which you have been involved. Include any leadership positions.
2. Describe your career goals and any special talent(s) you have.
3. Please explain why you are seeking scholarship/grant assistance and why you feel you are the best candidate for this assistance.

### REFERENCES

Please provide the names, addresses, telephone numbers and relationships of three references (do not include family members).

NAME & RELATIONSHIP	ADDRESS	TELEPHONE NUMBER

### AUTHORIZATION/CERTIFICATION

I hereby authorize the High School/University/Junior College listed on this application to furnish verification of my GPA.

If I am selected for this scholarship, I hereby give Women In Touch permission to use my photograph on their website as a scholarship recipient.

I certify that all of the information provided by me on this form is true and complete to the best of my knowledge and belief. I understand that false statements on this application will disqualify me from receiving this scholarship/grant.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

**THIS APPLICATION MUST BE POSTMARKED AND/OR RECEIVED BY EMAIL NO LATER THAN April 30, 2026.**

**\*\*\* Please attach your school transcript, your college acceptance letter (if applicable), and verification of income for the person(s) whom you depend on for financial support, i.e., pay stubs, earnings statement, W2 form, etc. THESE PERSONAL DOCUMENTS SHOULD BE REDACTED TO DELETE ALL SENSITIVE INFORMATION SUCH AS SOCIAL SECURITY NUMBER AND DATE OF BIRTH.**