Mildred Burford Scholarship
Port Orchard
Business and Professional Women's Organization
Scholarship Application

LAST NAME FIRST MIDDLE AGE (optional) SSN (optional)

MAILING ADDRESS CITY ZIP

FAMILY INFORMATION:

FATHER OR GUARDIAN MOTHER OR GUARDIAN

OCCUPATION EMPLOYER OCCUPATION EMPLOYER

How many children in the family are attending college?

FINANCIAL STATUS

ARE YOU APPLYING FOR FEDERAL AID (PELL GRANT)?

YOUR PERSONAL SAVINGS FOR COLLEGE$_____.

YOUR PARENTS ESTIMATED YEARLY CONTRIBUTION TO COLLEGE?_____

ARE YOU APPLYING FOR OTHER SCHOLARSHIPS? (PLEASE LIST)

HAVE YOU BEEN AWARDED ANY SCHOLARSHIPS? (PLEASE LIST)

PLEASE ATTACH THE FOLLOWING INFORMATION IN 10 TO 12 FONT:

1. A RESUME CONTAINING A BRIEF OVERVIEW OF YOUR ACTIVITIES, COMMUNITY SERVICE, EMPLOYMENT AND ANY LEADERSHIP ROLE YOU HAVE PERFORMED.
2. A LETTER EXPLAINING YOUR FINANCIAL NEED, EDUCATIONAL AND VOCATIONAL GOALS AND ANY FACTS YOU FEEL ARE IMPORTANT TO THE SCHOLARSHIP COMMITTEE
3. (3) LETTERS OF RECOMMENDATION FROM ANY OF THE FOLLOWING: A TEACHER, AN EMPLOYER, A PASTOR OR OTHER ORGANIZATION REPRESENTATIVE.

(TO BE FILLED IN BY SCHOOL OFFICIAL).

G.P.A._____ RANK IN CLASS_____DAYS ABSENT THIS YEAR _____

SCHOOL OFFICIAL _____ DATE_____

APPLICANT'S SIGNATURE_____DATE_____