

LONDON BRIDGE REPUBLICAN WOMEN

ADULT WOMEN FINANCIAL AID FOR CAREER ADVANCEMENT APPLICATION

(Scholarship Award \$1500)

PLEASE PRINT CLEARLY

Name _____

Address _____

How long have you been a Mohave County, AZ resident? _____

Phone _____ E-mail _____

Married Yes No Spouse's Name _____

Must be *Registered Republican*? Yes or No For how long (years)? _____

Age (*Please check one*): 18 to 25 26 to 35 36 to 45 over 45

Current financial status? (*Please check one*)

Less than \$30,000 Less than \$60,000 Less than \$90,000

Your current job _____

Brief job description _____

If you are currently enrolled in a college or education program/plan, please describe:

Your current GPA _____

If not enrolled, what college or education program/plan will you be attending? _____

Have you received any other scholarships? Yes No

***Please attach a biography, which includes special interests, your educational goal(s), and any other information that would help our selection committee (Volunteerism, career training, etc.).**

***Please attach at least one letter of reference from a teacher, employer, or a person who knows you well (no family members please).**

Signature of applicant _____ Date _____

Please send Application, with Biography and reference letter to arrive no later than May 1st by mail to: LBRW c/o Scholarship Chair, PO Box 2072, LHC, AZ 86405-2072 or email with Subject line: "Adult Scholarship App" to LBRWSocMed@gmail.com