

**Mary Hall Scholarship Fund Application Form
P.E.O. Chapter CY, Marshfield WI**

**Please complete electronically by April 1, 2022 and return to:
juliesalamonski@gmail.com**

Applicant's Name: _____ Date _____

Address:

Phone Number: _____

Email Address: _____

Education:

High School: _____

Date of High School Graduation: _____

Post High School/College if applicable; this would include any education that you have pursued since high school. Please include dates that you were a student:

For what length of time was your education interrupted? _____
(It must be an interruption of at least 9 consecutive months)

What accredited program are you currently enrolled in, and when were you admitted to this program?

What school are you attending now, and what is your anticipated date of graduation?

What degree, certification, or license will you acquire when you complete your education?

What is your overall grade point average? GPA: _____

Summary of Goals and Need

1. In your career preparation, describe your educational goals and your program of study.
2. Describe the impact that this funding will have for you, should you receive it. (Include financial information that explains your financial need more clearly.)
3. Detail your current or most recent work experience, if applicable (employer, position, duties, and dates of employment).
4. How did you learn about the Mary Hall Scholarship?
5. Include additional information that you would like the committee to have in considering your application:

References

Please list the names, addresses, telephone numbers, and relationships of the two people that you have asked to write letters of recommendation. *Letters should be sent **directly to the chairperson of the committee from the person writing the letter of recommendation.***

Names of references:

1.

2

2.

Letter of recommendation can be sent to PEO Mary Hall Scholarship Chairperson:
juliesalamonski@gmail.com

Applicant receiving a scholarship is to provide the name and address of the school and the student identification number. Checks will be issued to the student and to the school which the recipient is attending.

Name of school: _____

Address: _____

Campus ID # _____

My signature certifies that the information provided in this application is accurate and truthful. I understand that willful omission or falsification will eliminate me from consideration.

Applicant's Signature _____ Date _____
(please scan page after signing and send to chairperson)