

# MANCHESTER WOMEN'S CLUB

## Manchester Women's Club Scholarship Application

Applicant must be graduating females from public high schools of the Manchester School District, and a resident of the greater Manchester area, New Hampshire.

**Student's Name:** \_\_\_\_\_

Address :(Street/City/Zip) \_\_\_\_\_

Tel: \_\_\_\_\_ Age: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**List brothers and sisters now living at home and their ages:**

\_\_\_\_\_  
\_\_\_\_\_

**.List members of family attending college and where:**

Name	College Name	Location

**Indicate what line of study you will be pursuing in order of preference:**

1. _____	2. _____
3. _____	4. _____

**List in order of preference 3 colleges you wish to attend, their cost per year, and any scholarships you know you will receive**

Name of college	Annual cost	Scholarship amount
1. _____		
2. _____		
3. _____		

**Extracurricular activities, club memberships and indicate year of participation**

Example: Soccer (9, 10) or Honor society (11,12)

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**Offices held in above,( if any) and year** \_\_\_\_\_

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**Community service involvement:(indicate year)**\_\_\_\_\_

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**Jobs held during high school.** Indicate if during school year or summer: \_\_\_\_\_

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**What are your plans for the summer prior to college?** \_\_\_\_\_

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Please Complete the photo release ( Select the appropriate form)

**PHOTO RELEASE FOR STUDENTS UNDER 18 YEARS OLD**

Parent?Guardian consent

I, \_\_\_\_\_ give permission to the Manchester Women’s Club to publish a photo of  
\_\_\_\_\_ on the club website, club brochure and/or in the Manchester Union Leader.

Signature: \_\_\_\_\_

Relationship to minor : \_\_\_\_\_

**PHOTO RELEASE FOR SYDENTS AT LEAST 18 YEARS OLD**

I, \_\_\_\_\_ permit my photo to be used by the Manchester Women’s Club  
on the club website, club brochure and/or in the Manchester Union Leader.

Signature: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_

**Signature of School Counselor:** \_\_\_\_\_

**Name of High School:** \_\_\_\_\_

Please attach:

1. Transcript of all grades (9<sup>th</sup> through end of first semester of 12<sup>th</sup>)
2. Rank in class
3. SAT/ACT scores
4. Two recommendations from your counselor and/or teachers
5. The photo release sheet completed and signed.
6. On a separate sheet of paper, please give a brief statement of your reasons for desiring higher education, and why you consider yourself a worthy applicant for aid. Please, write your name on the paper

Applications must be postmarked no later than **APRIL 2, 2018** to the Chair of the Scholarship

Committee: Mrs. Terry Villemure

534 Vinton Street

MANCHESTER, NH 03103

Tel (603) 623 5881

Note: Late applications (based on postmark) or incomplete applications will not be considered.