

ACTIVITIES, AWARDS AND HONORS

In the following table, list all school activities in which you have participated over the past 4 years (i.e., student government, clubs, music, sports, etc.). List all volunteer community activities in which you have participated during the past 4 years (i.e., Red Cross, hospital volunteer, church work, etc.). Indicate all special awards, honors and offices held. Use additional paper if necessary.

College Undergraduate			College Graduate		
Activity	# yr part	Special awards/honors	Activity	# yr part	Special awards/honors

WORK EXPERIENCE

Describe your work experience during the past 4 years. Indicate dates of employment in each job and approximate number of hours worked each week. List total amount earned at each job.

Employer/Position	Start date mo/yr	End date mo/yr	Total months worked	Hr per week	Total earnings

OTHER SCHOLARSHIPS or GRANTS

Please list the name and amount of any scholarships or grants for which you have qualified, applied or been nominated for the coming school year.

Name of Award	Amount	Granted & accepted	Pending

FINANCIAL ASSISTANCE QUESTIONNAIRE

Are you listed as a dependent on another person’s federal income tax return? ____yes ____no

If yes, please enter contact information for that person and the relationship between you and that person. If no, this information is not needed.

Name _____ Relationship _____

Home Address _____

City _____ State _____ Preferred phone # _____

E-Mail _____

Please provide the following information from the most recent federal tax return of the person who claims you as a dependent. If you are not claimed as a dependent, then the information should be from your personal tax return. Finalists may be asked to provide copies of tax returns and/or other supporting documentation.

Adjusted Gross Income _____ Total Cash, Savings, Checking _____

Total U.S. Income Tax Paid _____ Number of dependents claimed on tax return _____

Total Income of Father _____ Marital status of parent or guardian:

Total Income of Mother _____ Married Divorced Separated

Non-taxable Income _____ Widowed Single
(Social Security Benefits, Welfare, Child Support, Other)

Medical/Dental Expenses _____ Total number of dependents attending
Not paid by insurance college at least half time next year _____.

SPECIAL CIRCUMSTANCES

Please describe any special circumstances you wish to share with us: _____

CERTIFICATION AND SIGNATURE

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. Falsification of information may result in termination of any scholarship granted. This application becomes the property of the Community Foundation for Palm Beach and Martin Counties.

Applicant’s signature _____ Date _____

Feminist Scholarship Fund, Inc.

Please answer the questions below on a separate sheet.

1. Please describe in what ways you consider yourself a feminist. Describe values you hold as well as actions and activities you have been involved in that pertain to women's lives and women's rights.
2. What courses/classes have you taken in Women's Studies?
3. Who are your role models and why?
4. As a result of your participation in various activities, please expand upon a single experience in any of the organizations that you feel has been the most rewarding to you.
5. Briefly discuss your life goals and how receipt of the Feminist Scholarship will assist you in attaining them.