

Fairfield Women Scholarship Year 2018 Applicant Number: _____
(For Committee Use Only)

APPLICATION INFORMATION

PLEASE COMPLETE THE FOLLOWING:

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: (513) _____

E-mail: _____

I attest the information included in my attached application is accurate and true:

Signature: _____

Date: _____

Applicant Number: _____ **(Please leave blank. For Committee use only.)**

Please note: Every attempt will be made to have the applications evaluated with no name present. Please do not include your name on the application pages. Each applicant will be assigned a “number.” Thank you.

Please send or drop off by Friday April 13, 2018 at 2:00 pm to:

*Fairfield Women Scholarship
c/o The Fairfield Community Foundation
5350 Pleasant Avenue
Fairfield, OH 45014*

**For questions, please call (513) 829-6355 or e-mail
diane@fairfieldcommunityfoundation.org**

Applicant #: _____ (Please leave blank. For committee use only.)

Only one supplemental sheet may be attached to this application.

1. High School from which you will graduate: _____

2. GPA: _____ Out of _____ points.

3. Describe or list your volunteer and/or community service involvement:

4. List your school and community activities:

5. How have your activities and community involvement affected you as an individual?

Applicant #: _____

6. Colleges and/or Universities applied to:

7. What is your intended college major? Why did you choose this area of study?

8. Describe yourself as a person. What are your strengths?

9. What challenges or barriers do you see having to overcome?

10. Do you or your family have any unique financial considerations that may make paying for college especially challenging? (Yes or No) _____ If so, please explain.