International Department of Women 2018 Scholarship Application

If mailing your application, include required documentation. It must be postmarked by **May 15, 2018** and addressed to:

Supervisor Mary Tucker 950 Eagles Landing Parkway Suite 218 Stockbridge, GA, 30281

If emailing your application, attach the required documentation. It must be postmarked by May 15, 2018. Send email to mbtucker12@yahoo.com. The email subject line must read IDOW 2018 Scholarship Application.

PERSONAL INFORMATION

Name:			
Address:			
City		Zip	
Phone Number: (Home)	Cell:		
Email address:			
Date of Birth			

International Department of Women 2018 Scholarship Application

SCHOLASTIC INFORMATION

High School:			
Expected Graduation Date:		Current GPA	Α
College Presently Attending or will be as	ttending in th	ne Fall:	
Name:			
City	State		Zip
If you are currently enrolled in College v	what is your (GPA	
Semester this GPA earned (circle one):	Fall Spring	g/Winter	Summer
Current Status in College (circle one):	Freshman	Sophomore	Junior Senior
CHURCH INFORMATION			
Name of Church:			
Church Address:			
City	State		Zip
Pastor:			
Name of Jurisdiction:			
Jurisdictional Bishop:			
Iurisdictional Supervisor:			

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ADDITIONAL INFORMATION

1.	Describe the undergraduate/graduate education program you intend to pursue if you receive the Scholarship.
2.	What do you hope to do and what position do you hope to have upon completing your studies?
3.	What position do you hope to have five to seven years after completing your degree?
4.	How have your life's experiences prepared you for the degree program you have chosen?
5.	What additional personal information do you wish to share with the Scholarship Committee?
Αŗ	oplicant's Signature: Date: