## P.E.O. SCHOLARSHIP APPLICATION CHAPTER DX NEWBERG, OREGON

This application is to be typed unless otherwise indicated.

This scholarship is for **women** only.

Please complete this form and return it along with a copy of your transcript and two letters of recommendation, one from a teacher and one from a member of the community, to the counseling office by April 30th.

1.	Name:			
	Last	First	Initial	
2.	Age:	Date of Birth		
3.	Address: Street	City	State	ZIP
4.	Cell Phone #	, i i i i i i i i i i i i i i i i i i i	State	ZII
5.	Email Address:			
6.	Father or Guardian's name and	d occupation:		
7.	Mother or Guardian's name and occupation:			
8.	Are you eligible for any tuition reduction through your parents' workplace?			
9.	High School GPA (through seventh semester/ tenth trimester):			
10.	What are your hobbies and int	erests?		

11. Please list your principal school and community activities and honors:

- 12. What college or university do you wish to attend?\_\_\_\_\_
- 13. What is your proposed field of study at this time?\_\_\_\_\_
- 14. On another sheet of paper explain your educational and career goals.(please hand write this response.)
- 15. What is the estimated cost for your first year at the institution of your choice?

\$\_\_\_\_\_

How much of this responsibility are you and your parents able to assume?

\$\_\_\_\_\_

16. State briefly why you require financial aid:

Student signature:\_\_\_\_\_

Thank you for applying for a P.E.O. Scholarship. A minimum of 2.75 GPA, two recommendations forms(one from a faculty member and one from a community member), and a transcript of high school credits through seven semesters/ten trimesters, are required.

The final selection will be based on a personal interview by the P.E.O. Education committee. The counseling office will notify you of the date and time.