

Parkland Woman's Club Educational Scholarship Application

Community Service

Minimum Hours Required for Graduation: _____ Your Current Total Hours: _____

Community Service Activities During High School Years:

ACTIVITY/YEAR	NUMBER of HOURS	SUPERVISOR/TEACHER

(if additional space is required, attach a separate sheet)

Briefly tell what impact your community service has had on you:

(if additional space is required, attach a separate sheet)

Work Experience

Current Employer _____ Hours Worked/Week _____

Current Position and Duties:

Past Employment During High School Years:

EMPLOYER / POSITION	DUTIES	START / END DATES	HOURS/ WEEK

(if additional space is required, attach a separate sheet)

Do you own a car? _____ Are you responsible to pay for gas and insurance? _____

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Post Secondary Education

What course of study do you plan to pursue?

University / Community College / Technical Institution Information:

NAME of SCHOOL	CITY	STATE	APPLIED (Yes / No)	ACCEPTED (Yes / No)
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(if additional space is required, attach a separate sheet)

Write a brief description of your educational goals:

Financial Information

Tell us briefly how you plan to pay for your continuing education:

Scholarships / Grants / Financial Assistance Information*:

NAME	ELIGIBLE / APPLIED / QUALIFIED (Yes / No)	(Yes / No)	(Yes / No)
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(if additional space is required, attach a separate sheet)

*Please include *Florida Bright Futures* eligibility and *Florida Pre-Paid Tuition Program* participation.

If you have a financial need, please explain the circumstances:
