

**Rindge Woman's Club**  
**Adult Scholarship Application**

**Application Requirements**

To be considered for the RWC Adult Scholarship, applicants must be a woman who is a Rindge resident and must include the following information with this application:

1. Copy of most recent tax return (**Form 1040 only**, black out Social Security number)
2. Most recent college transcript OR acceptance letter and financial aid award letter
3. Letter of Recommendation (not from a relative)
4. Essay describing yourself and explaining your choice of college or program of study, and your goals (1 page, 250 words).

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email : \_\_\_\_\_  
Rindge Resident for How Long? \_\_\_\_\_

**Academic Information**

College Choice: \_\_\_\_\_ Have you been accepted? \_\_\_\_\_  
Degree/Major: \_\_\_\_\_  
Education (Highest grade completed): \_\_\_\_\_  
Date of graduation or last course taken: \_\_\_\_\_

**Anticipated College Expenses**

Tuition and Fees: \_\_\_\_\_  
Books and Supplies: \_\_\_\_\_  
Other: \_\_\_\_\_  
Explain: \_\_\_\_\_  
Total Expenses: \_\_\_\_\_

**Anticipated Resources**

Aid from College \_\_\_\_\_  
Income (wages / salary): \_\_\_\_\_  
Veterans Benefits: \_\_\_\_\_  
Social Security or Disability Benefits: \_\_\_\_\_  
Loans: \_\_\_\_\_  
Other Sources: \_\_\_\_\_  
Explain: \_\_\_\_\_  
Total Resources: \_\_\_\_\_

Name \_\_\_\_\_

**Family Information**

Number of dependent children: \_\_\_\_\_

Ages of dependent children: \_\_\_\_\_

Number of other dependents, if any: \_\_\_\_\_ Explain: \_\_\_\_\_

Total number of dependents attending college next year: \_\_\_\_\_

**Work History**

Include employer, position and dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please detail any unusual family or personal circumstances which may warrant special consideration:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list: volunteer activities, membership/participation in community or church organizations, honors, awards and other achievements.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Checklist:**    \_\_\_\_\_ Form 1040 tax return    \_\_\_\_\_ Transcript or acceptance/financial aid letters

                  \_\_\_\_\_ Essay                                    \_\_\_\_\_ Letter of Recommendation

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submit to: Rindge Woman's Club, Scholarship Committee  
P. O. Box 343, Rindge, NH 03461