ALTRUSA INTERNATIONAL OF DELTA

Scholarship Application for Adult Non-Traditional Student Continuing Education

Please type or print in ink the following info	ormation: Current Date:	
NAME		
PHYSICAL ADDRESS		
MAILING ADDRESS		
TELEPHONE		
Briefly state your		
Career goals:		
Name of Institution:		
Planned coursework (specific classes	s):	
Date of High School/GED graduation		
Post High School education:		
Name of School:	Location	Dates Attended
Present Employer:	Name of Supervisor	Telephone No.

School Year 2010-2011

Applicant Expenses

Applicant Income

(Please review expenses carefully to make sure *only list monies already approved to include all reasonable costs you will incur for the time of the use of the scholarship.) Tuition & Fees_____ Monthly: Wages/tips_____ Books & Supplies _____ Spouse's wages/tips_____ Monthly: Financial assistance* Mortgage/Rent & Utilities_____ JTPA/JOBS* Food & Household Clothing, laundry_____ Grants (e.g. PELL)*_____ Transportation Scholarships _____ Loans*_____ Daycare Medical Dental_____ Other_____ Other TOTAL EXPENSES TOTAL INCOME **ESSAY:** Describe your financial and/or personal situation and explain why you **are seeking this scholarship.** (This is important. Use additional pages if necessary.)
