

**ALTRUSA INTERNATIONAL OF DELTA**

Scholarship Application for Adult  
Non-Traditional Student Continuing Education

Please type or print in ink the following information: Current Date: \_\_\_\_\_

NAME \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

Briefly state your

Career goals: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Planned coursework (specific classes): \_\_\_\_\_

\_\_\_\_\_

Date of High School/GED graduation \_\_\_\_\_

Post High School education:

Name of School:	Location	Dates Attended
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\_\_\_\_\_

Present Employer:	Name of Supervisor	Telephone No.
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