

**APPLICATION FOR SINGLE PARENT SCHOLARSHIP
ASSISTANCE LEAGUE OF GREELEY**

(Form May be Completed in Adobe- Only Typed Applications Will be Accepted and Considered)

PART I:

SECTION A: GENERAL INFORMATION

Date: _____

Name: _____ **Student I.D. No:** _____

Current Address: _____

Telephone: _____ **E-Mail Address:** _____

Date of Birth: _____ **U.S. Citizen: Yes** _____ **No** _____

Names and Ages of Members of Your Household and Relationship to You:

SECTION B: PREVIOUS EDUCATION AND TRAINING

Schools Attended (Most Recent First)	Location	Date(s) Attended	Date Graduated	Grade Point Average	or GED Score	Certificate/Degrees Awarded
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Extracurricular or Community Activities (include Offices, Honors, and Awards)

Hobbies/Areas of Interest:

SECTION C: WORK EXPERIENCE, including dates (Please use extra sheet if needed)

SECTION D: FINANCIAL RESOURCES AND DOLLAR AMOUNTS

1. Monthly Family Contribution, if any	\$ _____
2. Monthly Child Support Received, if any	\$ _____
3. Monthly Rent Support, if any	\$ _____
4. Scholarships/Grants (Per Semester)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
5. Monthly Employment Income	
_____	\$ _____
_____	\$ _____
6. Other Income	
_____	\$ _____
_____	\$ _____
7. Educational Loans	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Balance Owed on Loans	\$ _____

SECTION E: LIVING EXPENSES

Please specify amount per month

1. Food	\$ _____
2. Rent and Utilities	\$ _____
3. Childcare	\$ _____
4. Medical Expenses	\$ _____
5. Auto Expenses	\$ _____
6. Child Support Paid	\$ _____
7. Other	\$ _____
TOTAL LIVING EXPENSES	\$ _____

PART II. ACADEMIC GOALS

Please submit a letter specifying your academic goals. The letter should address the following:

- Specify the type of vocational/profession in which you are interested.
- What inspired you to select this vocation/profession?
- What education or training is required for your new vocation/profession?
- How long is the education or training period?
- How many hours do you intend to enroll in each semester this year?
- What is your anticipated graduation date?

PART III: REFERENCES

Please submit **three letters of recommendation: two (2)** from a teacher, academic advisor or counselor and **one (1)** from a non-family member. Please ask writers to specify how they know you. These letters **MUST** accompany your application for you to be considered for an award.

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

I certify that all of the above information is accurate. I also give permission for the schools listed to give Assistance League of Greeley Scholarship Committee the required information, including my Grade Point Average.

Signature _____

Date _____