

Women's College Scholarship Club
The Ilsa Gromemeijer Continuing Education Scholarship
Application
(Please refer to Scholarship Guidelines.)

Name _____ Telephone _____

Address _____

Birth Date _____ Marital Status _____ Children _____

Confidential Statement of Finances

1. What is your household's net taxable income according to this year's NY State Income Tax Return? _____

2. How many dependents do you have? _____

3. Do you have other non-taxable income? _____

4. Are you receiving other scholarships/grants/loans? _____
If so, please tell how much. _____

5. What college expenses do you incur?

Tuition _____ Transportation _____

Books _____ Child care _____

Room/board _____ Other _____

6. Are you employed? _____ Job _____

Hours per week _____

Please include **this application**, two (2) **letters of recommendations** from non-family members, and your **personal letter** of history and goals to:

Women's College Scholarship Club
Continuing Education Committee
P. O. Box 343
Saranac Lake, NY 12983