



**ASSISTANCE LEAGUE® of the Triangle Area**  
**A Chapter of NATIONAL ASSISTANCE LEAGUE®**

*A non-profit, volunteer organization dedicated to meeting the needs of our community*

**SCHOLARSHIP APPLICATION for SINGLE WORKING MOTHER**

**Personal Information**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ GPA: \_\_\_\_\_

College(s): \_\_\_\_\_ Dates Attended: \_\_\_\_\_ GPA: \_\_\_\_\_  
\_\_\_\_\_

**Employment History**

<u>Name/Place of Employment</u>	<u>Position(s) Held</u>	<u>Dates of Employment</u>

List ages of children in household:

Male

Female

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Household Income: \_\_\_\_\_ U.S. Citizen: YES \_\_\_\_\_ NO \_\_\_\_\_

Please provide a description of your financial need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Educational Plans**

Please state the name of the post-secondary or technical institution you wish to attend or currently are attending:

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What field of study do you plan to pursue and why?

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**Extra Curricular Activities**

List community service, volunteer or additional activities in which you have participated:

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List awards or honors you have received:

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The following must be attached to this form:

- Verification of High School Graduation, including transcript and GPA, or GED
- Current College/University transcript and GPA, if applicable
- Copy of FAFSA form
- Two references:
  - One reference must be from an employer
  - One reference from someone outside your family who knows you personally

**INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED**

This application must be postmarked by **March 15, 2008** and sent to:

**ASSISTANCE LEAGUE® of the Triangle Area**

**Scholarship Committee**

**P. O. Box 98477**

**Raleigh, NC 27624**

**(919) 235-4554**

ASSISTANCE LEAGUE® of the Triangle Area reserves the right to award scholarships all in one category or separately in each or some of the categories annually.