

ALTRUSA INTERNATIONAL OF AKRON

VOCATIONAL ASSISTANCE SCHOLARSHIPS FOR WOMEN AGE 21 AND OVER PURSUING VOCATIONAL TRAINING OR

RE-ENTERING THE WORKFORCE

SCHOLARSHIPS MAY BE USED FOR:
TUITION
BOOKS
SUPPLIES
EQUIPMENT

Send applications and documentation to:
Altrusa International of Akron
Scholarship Committee
Kerry Sutherland
582 Letchworth Drive
Akron, Ohio 44303

Postmark deadline: January 31, 2023



ALTRUSA INTERNATIONAL OF AKRON VOCATIONAL ASSISTANCE SCHOLARSHIP APPLICATION INSTRUCTIONS

PLEASE READ INSTRUCTIONS CAREFULLY

Applications must be made within two years of completing your program of study. Applications must be complete to qualify for review; incomplete applications will not be considered. Please review the following checklist before submitting your application:

- o All questions answered.
- o Transcript of your grades from the school you are currently attending or your high school grades if you are currently not enrolled in school.
- o Letter of acceptance or confirmation of acceptance pending payment from the school you plan to attend if you are not yet an enrolled student.
- o Letters of reference, including names, addresses, and phone numbers, from two (2) non-family members. If you are already enrolled in school, at least one of these references MUST be from a member of the faculty at this school.
- o Completed essay on application form (may be continued on another sheet, if needed)

Please review the above list to make sure that ALL the information is included in your submission; incomplete applications will not be reviewed. You may work with your advisor/counselor, if needed, to ensure that all information is provided. Please note that incomplete applications will not be returned for submission of missing information.

Please send completed applications to:
Altrusa International of Akron
Scholarship Committee
Kerry Sutherland
582 Letchworth Drive
Akron, Ohio 44303

APPLICATIONS MUST BE POSTMARKED NO LATER THAN January 31, 2023

ALTRUSA INTERNATIONAL OF AKRON SCHOLARSHIP APPLICATION

Name _		Date
Address		Age
		Phone
Do you	have dependents, and if so, please list their names a	ū
Current	annual income:	
0	under \$10,000	
0	\$10,000 - \$15,000	
0	\$15,000 - \$20,000	
	\$20,000 - \$25,000	
0	over \$25,000	
	contact person & phone number:	
ourse c	of study:	
inticipa	ted date of graduation or course completion:	
	st work and/or volunteer experience and any award: ion you have received:	s, scholarships, grants, or other special
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What amount (up to \$1000) are you requesting, and for what purpose will it be used (for example: tuition, books, uniforms, etc.):		
Please describe how this financial assistance will help you meet your career and personal goals (no less than 100 words).		