

IRON MOUNTAIN/KINGSFORD WOMEN'S CLUB, GFWC SCHLORSHIP

Please type or print. This form may be photocopied. Keep a copy for your records

Name _____

Your school's address _____

Your address _____

Phone # of school _____ Students Phone# _____

Student's e-mail address _____

Where did you graduate from high school? _____ Year _____

Are you a current student at Bay College West? _____

Major _____

Year you are in college _____ Anticipated graduation date _____ Current GPA _____

Registrar's office address _____

Registrar's office phone number _____

Have you received any other scholarships? If so, please name them and list amounts

Are you married? _____ Do you have dependents? _____ If so, how many and their ages _____

On the reverse side of this page, please describe your paid work experience. Briefly give names of employer, date of employment, job description, and approximate number hours weekly. Please describe any extra-curricular activities and/or volunteer work. List these after job experience.

Signature _____