

THE PLYMOUTH WOMEN'S FELLOWSHIP STUDENT GRANT

Funded by the Estates of Susan B. Turner, Opal Jordan and
Mary & Frederick Royal

of
Plymouth Congregational U.C.C. Women's Fellowship
4126 Ingersoll Avenue
Des Moines, IA 50312-2713

Telephone: 515-255-3149; FAX 515-255-8667; www.plymouthchurch.com
Contact: Chairperson Karen Downing at 515.255-4465 or jkhdwningmarks@mac.com

INSTRUCTIONS

Please read carefully

APPLY ONLY IF YOU CAN FULLY COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. You should be a college junior or senior student in good standing in a four-year educational institution preparing for a Career of Service to Others, or a student planning to return to school for the same purpose.
2. If you are returning to school after an interim away, you should have a satisfactory previous grade-point average and have been admitted to your specified program.
3. You must be found personally worthy after investigation by the committee.
4. Grants are made for only one year. Students having already received grants may file a new application for the following year.
5. On a separate piece of paper please tell the committee how you plan to use your education in service to others in an attached essay of no more than one typewritten page. Explain your goals and plans as specifically as possible.
6. References are the responsibility of the applicant and all four (4) must be returned by **February 1, 2011** to the church office. We recommend that the applicant enclose a stamped, self-addressed envelope with each reference request. Mark your envelope **Scholarship Committee** and send to the address above.
7. All nine (9) pages of this application must be thoroughly completed to be considered. Typing is encouraged and appreciated, or print legibly.

ALL INFORMATION RECEIVED WILL BE TREATED CONFIDENTIALLY

THE PLYMOUTH WOMEN'S FELLOWSHIP STUDENT GRANT APPLICATION

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Name _____ PHONE _____

Home Address: Street _____

City _____ State _____ Zip _____

Phone _____

Address while in school: (if applicable)

Street _____

City _____ State _____ Zip _____

Phone _____

I hereby make application for a grant to enable me to pursue my studies at the:
Junior " " Senior " " or Graduate " " level.

College/University: _____

Town/City/State: _____

for the academic year beginning: _____

Should this application for a student grant be approved and granted, I pledge
unreserved compliance with all the requirements on Form 1.

Date _____ Signed _____

Applicant

THE PLYMOUTH WOMEN'S FELLOWSHIP PERSONAL STATEMENT

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This questionnaire is confidential. The information sought is essential for a fair consideration to each applicant. Answer questions that apply.

1. Name _____

2. Are you currently attending a university/college? _____ yes _____ No

If yes, name college: _____

3. Married or single? _____ Number of children or other dependents? _____

4. What service career have you chosen? _____

5. Are you a member of any scholastic fraternity, professional society, social organization or
honorary?

<u>Name</u>	<u>Honorary or Social</u>
_____	_____
_____	_____
_____	_____
_____	_____

6. What is/was your college grade-point average? _____

7. What are/were your campus activities? _____

8. How did you learn about this Grant? _____

9. Have you received this Grant previously? If so, when? _____

10. If you are a dependent please list legal guardians:

Name of Father, Mother, or Guardian

Father _____

Mother _____

Guardian _____

Address: _____

11. Give name & address of **two personal** references (See Instruction #7, Form 1)

1. _____ 2. _____

12. Give name & address of **two professional** references (See Instruction #7, Form 1):

1. _____ 2. _____

13. Are you a Plymouth member? Yes _____ No _____

If not what is your religious affiliation? _____

I pledge that the above information is accurate to the best of my knowledge and ability. Any other information may be attached.

Signature _____

Applicant

THE PLYMOUTH WOMEN'S FELLOWSHIP DEPENDENT FINANCIAL STATEMENT

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Contact: Karen Downing at 515.255-4465 or jkhdowningmarks@mac.com

This form to be completed by "Dependent" Applicants. Only 1 Financial statement is necessary with application. Either Form 4 or Form 5, not both.

The following information is essential in determining financial need. This should be completed by a parent or guardian if the applicant is a dependent. Circle appropriate individual.

Applicant's Name _____ Age _____

Applicant's Address _____

Applicant's Residence: _____ City _____ State ____ for ____ yrs.

Applicant's Former residence _____ State _____ for _____ yrs.

Parent/Guardian: Adjusted gross income used for income tax purposes last year \$ _____
(Please list total income of both parents, regardless of marital status.)

Parent/Guardian: Number of years with present employer or, if self-employed, in own business _____

Parent/Guardian: Married or single? _____ No. of dependents _____

Parent/Guardian: State amount contributed to applicant's education this year \$ _____

Parent/Guardian Information:

1. If employed, please state: _____ If sole owner or part owner of business:
Employer _____ Firm name _____
Address _____ Address _____
Type of business _____ Type of business _____
Position held _____
 2. If applicant is employed, please state:
Employer _____ Type business _____
Address _____ Position _____
 3. How is the applicant related to you? _____
 4. Are you familiar with the terms and requirements of this grant? _____
 5. Do you approve of this request? _____
 6. Do you verify the necessity for this aid and the personal statement made by the applicant? _
 7. What resources has applicant used to obtain funds for his/her education?
(parents, scholarships, loans, etc.)

 8. (a) If applicant is employed during vacation? Yes _____ No _____
If yes, kind of employment? _____ Compensation? _____
(b) Has applicant employment with compensation while in school? Yes _____ No _____
If yes, kind of employment? _____ Compensation? _____
 9. If applicant is not presently a student, is applicant employed? _____
Where? _____
Compensation? _____
 10. Itemize college expenses for this year
A. Tuition & Fees: _____
B. Room & Board: _____
C. Other: _____
 11. Itemize applicants projected expenses for the grant year (if known):
Tuition & fees: _____ Room & Board: _____
Other _____
- Date _____ Signature _____

THE PLYMOUTH WOMEN'S FELLOWSHIP INDEPENDENT FINANCIAL STATEMENT

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of

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To Be Completed by "Independent" Applicants. Only 1 Financial statement is necessary with application. Either Form 4 or Form 5, not both.

The following information is essential in determining financial need. This should be completed by the applicant if independent.

Name _____ Age _____

Address _____

Residence: City _____ State _____ for _____ yrs.

Former residence _____ State _____ for _____ yrs.

Adjusted gross income used for income tax purposes last year \$ _____

Number of years with present employer or, if self-employed, in own business _____

Married or single? _____ No. of dependents _____

If married, state amount contributed by partner to applicant's education this year \$ _____

Applicant's Information:

1. If employed, please state: _____ If sole owner or part owner of business: _____
Employer _____ Firm name _____
Address _____ Address _____

Type of business _____ Type of business _____
Position held _____

14. What sources have you used to obtain funds for your education?
(parents, scholarships, loans, etc.)

15. (a) If a student, are you employed during vacation? Yes _____ No _____
If yes, kind of employment? _____ Compensation? _____
(b) Have you employment with compensation while in school? Yes _____ No _____
If yes, kind of employment? _____ Compensation? _____

16. If you are not presently a student, are you employed? _____
Where? _____
Compensation? _____

17. Itemize your college expenses for this year
A. Tuition & Fees: _____
B. Room & Board: _____
C. Other: _____

18. Itemize your projected expenses for the grant year (if known):
Tuition & fees: _____ Room & Board: _____
Other _____

Date _____ Signature _____

THE PLYMOUTH WOMEN'S FELLOWSHIP REQUEST FOR A PERSONAL REFERENCE LETTER

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My name is _____ I am seeking a _____

**degree in _____ at
institution of higher learning or former students who are returning to pursue further
education, preparing for a career of service to others. May I use your name as a
reference, as one who has known me?**

Please submit a letter by **February 1, 2011** in the enclosed stamped, addressed envelope regarding the areas listed below. Your reply to the committee is confidential. Typing or legible printing is appreciated. Attach your letter to form 6.

1. Length of acquaintance and relationship.
2. Do you consider the applicant of good moral character, emotionally and mentally stable?
Does the applicant display initiative?
3. Describe your relationship or acquaintance with applicant's family.
4. What has been your relationship to the applicant during the past two years?
5. Please add further remarks you think may assist the committee in its consideration of this applicant.

Your name _____

Address _____

Business/Institution (if applicable)

Date _____

THE PLYMOUTH WOMEN'S FELLOWSHIP REQUEST FOR A PROFESSIONAL REFERENCE LETTER

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Contact: Karen Downing at 515.255-4465 or jkhdwningmarks@mac.com

My name is _____ I am seeking a _____

degree in _____ at _____. I am an applicant for a grant from the Plymouth Women's Fellowship Scholarship Fund. The purpose of this grant is to assist students who have completed at least the sophomore year in an accredited institution of higher learning or former students who are returning to pursue further education, preparing for a career of service to others. May I use your name as a reference, as an instructor or employer who has had supervision or observation of my work in the past two years? If this is possible, will you please complete this form and return it by **February 1, 2011** in the enclosed stamped addressed envelope. Your reply will be treated confidentially.

1. Intellectual ability.
2. Academic achievement.
3. Initiative.
4. Character and sense of responsibility.
5. Capacity and fitness for higher training.
6. Future possibilities.
7. Personality.
8. What has been your relationship to applicant during the past two years?
9. Any further remarks you think may assist the Committee in its consideration of this applicant would be appreciated. Please use the reverse side of this sheet if necessary.

Your name _____

Address _____

Business/Institution (if applicable) _____

Date _____