

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 Jennifer Jensen @ 515.339.5797

Email: jen.jensen1010@gmail.com

INSTRUCTIONS

Please read carefully

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

1. You should be a college junior, senior, or graduate 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. It is only necessary to submit one financial statement with the application. Please fill out the financial statement that best fits the applicant's situation.
4. You must be found personally worthy after investigation by the committee.
5. Grants are made for only one year. Students having already received grants may file a new application for the following year.
6. 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.
7. References are the responsibility of the applicant and both (2) must be returned by **April 15, 2019** to the church office or sent to Jennifer Jensen at jen.jensen1010@gmail.com. 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 or email to Jennifer Jensen at jen.jensen1010@gmail.com. All information received will be treated confidentially.
8. Applicable pages of this application must be thoroughly completed to be considered. Typing is encouraged and appreciated, or print legibly.

THE PLYMOUTH WOMEN'S FELLOWSHIP

STUDENT GRANT APPLICATION & PERSONAL STATEMENT

Name _____ Phone _____

Home Address _____

City _____ State _____ Zip _____

Email _____

Address while in school: (if applicable)

Street _____

City _____ State _____ Zip _____

Phone _____

Currently attending a university/college? Yes _____ No _____

If yes:

College/University _____

Town/City/State _____,

for the academic year beginning _____

Grade Level Junior _____ Senior _____ Graduate _____

Marital status _____

Do you have children or other dependents? Yes _____ No _____

If yes, how many? _____

What service career have you chosen?

What work or volunteer experience do you have?

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THE PLYMOUTH WOMEN'S FELLOWSHIP

Name _____

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

Name	Description
_____	_____
_____	_____
_____	_____

What is/was your college grade-point average?

How did you learn about this grant?

Have you received this grant previously? Yes ___ No ___ If yes, when? _____

Give name and address of one **personal** reference (See Attached Form)

Give name and address of one **professional** reference (See Attached Form)

Are you a Plymouth member? Yes _____ No _____

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

Should this application for a student grant be approved and granted, I pledge unreserved compliance with all the requirements outlined on the cover sheet of this application.

Signature of applicant _____ Date _____

THE PLYMOUTH WOMEN'S FELLOWSHIP

DEPENDENT FINANCIAL STATEMENT

Applicant Name _____ Age _____

Parent/Guardian Information

If you are a dependent, please list legal guardians:

Father _____

Mother _____

Guardian(s) _____

Parental/Guardian: Marital status _____ Number of dependents _____

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

Parent/Guardian #1: If employed, please provide employer's name _____

Type of business _____ Position held _____

If sole owner/part owner of a business, please provide business name _____

Type of business _____

Parent/Guardian #2: If employed, please provide employer's name _____

Type of business _____ Position held _____

If sole owner/part owner of a business, please provide business name _____

Type of business _____

What resources has applicant used to obtain funds for his/her education?
(Parents, scholarships, loans, etc.)

Is applicant is employed? Yes _____ No _____ When _____

If yes, kind of employment? _____ Compensation _____

Itemize applicants projected expenses for the grant year (if known).

Tuition & fees _____

Room & board _____

Other _____

Applicant Signature _____ Date _____

THE PLYMOUTH WOMEN'S FELLOWSHIP

INDEPENDENT FINANCIAL STATEMENT

Applicant's name _____ Age _____

Adjusted gross income used for income tax purposes last year _____

Number of dependents _____

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

Applicant's Information

1. If applicant is not presently a student, is applicant employed? Yes _____ No _____

2. If employed, please provide employer's name _____

Type of business _____ Compensation _____

Position held _____ Number of years with employer _____

If sole owner/part owner of a business, please provide business name _____

Type of business _____

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

4. If a student, are you employed? Yes _____ No _____ When: _____

If yes, kind of employment _____ Compensation _____

5. Itemize your projected expenses for the grant year (if known)

Tuition & fees _____

Room & board _____

Other _____

Applicant Signature _____ Date _____

REQUEST FOR A PERSONAL REFERENCE LETTER

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Contact: Jennifer Jensen at 515.339.5797 or jen.jensen1010@gmail.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 in service to others. May I use your name as a personal reference? If this is possible, please return the written reference in the enclosed stamped envelope by **April 15, 2019**. Your reply will be treated confidentially.

Possible areas to be included in the written reference:

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

Name of person providing reference _____

Address _____

Phone _____ Email _____

Signature _____ Date _____

REQUEST FOR A PROFESSIONAL REFERENCE LETTER

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Contact: Jennifer Jensen at 515.339.5797 or jen.jensen1010@gmail.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, please return the written reference in the enclosed stamped envelope by **April 15, 2019**. Your reply will be treated confidentially.

Possible areas to be included in the written reference include:

- Intellectual ability
- Academic achievement
- Initiative
- Character and sense of responsibility
- Capacity and fitness for higher training
- Future possibilities
- Personality
- Your relationship to applicant during the past two years
- Please provide further information you think may assist the committee in its consideration of this applicant.

Your name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Business/Institution, if applicable _____

Signature _____ Date _____